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. Principal Place	_	3. Mailing Address					
10415 Suite, Apt. #, etc	BIGTREE CIR. W	10415 BIGT Suite, Apt. #, etc.	REE CIP.	ســــــــــــــــــــــــــــــــــــــ	DO NOT WRITE	E IN THIS SPACE	
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3225	7 USA	32257	USA_		Certificate of Status Desired	\$8.75 Addi	
6.	Name and Address of Current	Registered Agent	Name		lame and Address of New Re		
ALLEN, BRINT	ON, SIMMONS & MCCARTHY	/, P.A.			ORPORATIO		
ONE INDEPEN	IDENT DR, SUITE 3200				ox Number is Not Acceptable)		
JACKSONVILL	E FL 32202		,	. –			
			City	PLA	NTATION	FL Zip Code	-74
The above name	ed entity submits this statement for	or the purpose of changing its r	egistered office or			ida.	~~ -
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GNATURE	ture, typed or printed name of registered agent	Conne Dyan, .	mary I He	. K C		9-11-01	
Signat		and title if applicable. / (NOTE:	Registered Agent signatu	re required when re	instating)	DATE	
			<u>/</u>	re required wheel re	<u> </u>	DATE	
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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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

8/30/01 9045378528

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