8/8/01-90141-039

## FILED Aug 31, 2001 8:00 am ıte

DOCU 1. Entity Nan FLORIDS	T#	# P0000			Kŧ	D		S	eci 08-08	et -200	ar 1 901	y of	<b>Sta</b> ***550.0	
Principal Plac 161 CAPE FU KEY BISCAYA		7												
2. Principal f		3. Malling Address	Malling Address Suite, Apt. #, etc.			118			:			0)1000 1111 1000		
Suite, Apr.	. W. O(C.	شنهنسستان بدعنكالامات					DO NOT WRITE IN THIS SPACE							:
City & Sta	le		City & State				4. FEI Nur	ober 1	020	183	3	_	plied For t Applicable	}
Zip • Country			Zip Registered Agent	Coun	ntry				us Desired	П	Fee	75 Add Required	itional	] .
<u> </u>		Name		7. Name a	and Addri	ss of New	Registere	d Agen	nt		}			
FILINGS, 3732 N.W	INC. 1. 16TH STE	REET .		Street Address (P.O. Box Number is Not Acceptable)										
FT. LAUD	ERDALE FL	33311-4132										_		<u>.</u>
-2					City	Sity				F	L	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 presid name of registered agent and table if applicable. (MOTE: Registered Agent algrenum request when reinstalling)  DATE														
9. This corp Tax filling (See crite	, 2001	IS \$550. Fee will b epertmen	e \$750.0	וי		Campaign F d Contribut				May Be to Fees				
11.	D	OFFICERS AND D	DIRECTORS Delete	12.			ADDITION	NS/CHAN	GES TO OF	FICERS A	_	ECTORS Change	IN 11	€.
NAME STREET ADDRESS CITY-ST-ZIP	GUITAY, I	vathalie Florida drive Ayne fl 33149	NAM STRE	-						u	CHANGS	L HOUISE	CR2E034 (5/01)	
TITUE NAME STREET ADORESS* C/TY-ST-ZIP	ρ	Some mayory think with high real way	Delete		-	P THICK	ry ph	-	e dove FL			Change	<b>Ø</b> Addition	₽ 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delate	TITLE NAM SIRE	:	- Lang	0130	7	<u> </u>	33.1		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								D	Change	Addition	
THE NAME STREET ADDRESS CITY-ST-ZIP			□ Deleta									Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Deiete	CITY-	E Et adoress - St- <i>zip</i>							Change	Addition	
13. I hereby confly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutea. I further certify that the information indicated on this report or suppliered in \$1 \text{true} a by the and section of the control of the														
		SYCALTURE AND TYPE OF PR	INTED NAME OF SIGNING OFFICER O	OF DIRECT	OR			D	90a		Caytime	Phone #		1