PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	PLICATION FOR STATEMENT		DEPAR Katherii Secretar	ne Ha y of S	State		ซะราธิเกิด	FILLED TARY OF OF CORP	STATE ORATIONS	
DUMENT # P0000083960 1. Cia azioni Name							OS JAN	0F CORP -4 PM	2: 30	
RAYMO	OND F. ALONGE, P.A.									
Principal Place of Business Mailing Address 2180 Torte 8885 EASTERLING DR. 2180 Torte 8885 EASTERLING DR.					aseShell Dr		.	88181 18185 11518 1	IRIS RIKK 88K 1881	
SOS EASTERLING DR. 2180 Tortoise Shell SOS EASTERLING DR. Mail land, FI ORLANDO FL SZEIS Mail land, FI 3275) If above addresses are incorrect in any way, line through incorrect information and enter correction bel						REMSTATEMENT O				
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							Date Incorporated or Qualified To Do Business in Florida On 104 10000			
Suite, Apt.	toise SKILDr, most, FI	Suite, Apt. #,	Spme			08/31/2000				
City & State	A . 11 E .	City & State	الم والأ				3665.44	3	Applied For Not Applicable	
Mart	Country	Zip 3275	7 10000	Count	1 	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Add	ditional Fee required	
フ <i>み</i> (and Street Addresses of Each Officer and		rida nonprofit	corpor	ations must list at lea	st 3 directors)		101 4 9	atmente of States	
Title(s)	Name of Officers and/or Directors 3				reet Address of Each fficer and/or Director					
D	ALONGE, RAYMOND F 8935 EASTERISMS DR 2180 Tortoise						ORLANDO FE 528	19	32751	
						2000047827223 -01/17/02-01077-002 ****661.25 *****661.25 2000047827223 -01/17/02-01077003 *****88.75 *****88.75				
							<u> </u>	<u> </u>		
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent				
ALONGE, RAYMOND F						O Box Number is Not Acceptable)				
ORLANDO TE 32819 Maitland, Fl					Suite, Apt. #, Etc.					
10 bitland, Fl 32751					City State Zip Code					
10. I, being	appointed the registered agent of the ab-	ove named corpo	oration, am fa	miliar w	vith and accept the ob	oligations of Section	on 607.0505, F.S.	1		
Signature o Registered	Argent / a	EGISTERED AG	ENT MUST S	SIGN			Date	·-12-C	>/	
this rein owed by	that I am an officer or director or the rece statement application, the reason for diss the corporation have been paid and the application is true and accurate, and my si	olution has been names of individ	eliminated, ti uals listed on	ne corp this fo	orate name satisfies t rm do not qualify for a	the requirements an exemption und	of section 607.0401 o	r 617.0401, F.	S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10-12-01

H07-616-7512 Daytime Phone #