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2. Principal Pla	lace of Bysiness Garden	Street	3. Mailing Address	_ I					
Suite Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Súrte # 4			City & State			4. FEI Number_			Applied For
Pensa.		lorida				59-370	5659	¢ 0	Not Applicable 75 Additional
Zip = 2.6/		Escambia	Žip	Country	-	5. Certificate of St.		Fee	Required
						7. Name and Addre	ss of Current Re	gistered Age	ent
	A Party of		na 2. del Nedalliero e Socie	Nan	Garu	W. Huston			
Marine Control		NOT		Stre	et Address (P.O. Box Number is N Rumana Street	Not Acceptable) ~	70c	
	IN	THIS S	SPACE	Marie Santa Caraca		<u>,, </u>			
		ara da ara d		City	Pensacol			FL	Zip Code 32501
and a property of the	entjir daga (4) - A.	Comment of the state of the sta	ent for the purpose of chang	ning its registered offic	e or register	red agent, or both, in	the State of Floric	:	ar with, and accept
	named entity su tions of registered		of Change	ging its registered one	o or rogram	100	101260 301004	205	1 300.00
SIGNATURE .	gar	y W.	Austin	(NOTE: Registered Agent	incohwa raguirar			DATE DATE	
Jar	nuary 1 - May '	1 Fee is \$150.00	agent and title if applicable.	(NOTE: Registered Agent	ignature required		Campaign Finar	cing	\$5.00 May Be
	After May 1, F Amended UE Payable to Fig		nt of State			Trust Fu	nd Contribution.		Added to Fees
10.		OFFICERS A	AND DIRECTORS	% *** *** *** ***	n n n n n n n n n n n n n n n n n n n	. S. the M. Marie M. Marie S. C. S.	S AS AMERICAN SAME	a san talah salah dari	All the afficient died, res. 15, 1000 feb., o
TITLE	- 1 N	Varno	yector, Secretar	MAME NAME					
NAME STREET ADDRESS	528 W	Garden S	treet Site #	STREET ADDI	ess .				
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TITLE				STREET ADD CITY-ST-ZII TITLE					
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12. Thereby certify that the information supplied with this filling 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 10 or on an attachment with an address, with all other like approvered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jonathan Parnell

SIGNATUJE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03 Date