DOCU 1. Entity Na	UMENT#	P01000	NESS REPO 0041170		<i></i>	/ FII	04-29-2 L.E.D	002 901 P01		***550.00 ***150.00 170	
											
510 RIVERSI			Mailing Address 510 RIVERSIDE DR	1		SECRETAR TALLAHAS	RY OF ST SEE, FLO	ATE VPIP			
EDGEWATER	R FL Seise		EDGEWATER FL 32132								
2. Principal Place of Business			3. Mailing Address			- '					
Suite, Apt			Suite, Apt. #, etc.			Per Teleph	ONOT WRITE	IN THIS	SPACE	Cheryl 10-2-62 1	SC II
City & Sta	ate		City & State			4. FEI Number 59 - 3719	سد د. د	<u> </u>		Applied For	
Zip	Cou	untry	Zip	Country		5. Certilicate of Statu			\$8.75	Not Applicable Additional	-
	6. Name and A	Address of Current Re	gistered Agent		7	7. Name and Addres			Fee Requ		4
RARR, D	D eni nise e				lame				****		7
510 RIVE	erside dr			St	reet Address (P.C	D. Box Number is Not	Acceptable)				7
EDGEWA	ATER FL 32132	e .									7
•	, ,		City						T Zin C	ode	1
0 The -1-		·			-			FL			
the obliga	re named entity submations of registered ag	nits this statement for the	e purpose of changing its		-	agent, or both, in the	State of Florid	da. lam f			-
the obligat				registered off	flice or registered	_	State of Florid	da. lami			
SIGNATURE .	Signature, typed or printed	d name of registered agent and to	tile if applicable. (NOTE:	registered of	ffice or registered	_	State of Florid	da. I am f	famillar wi		
9. This corporate library (See criter		d name of registered agent and to satisfy its intangible acts to do so.	FILE NOW!!! After September 13, Make Check Payabl	registered off	ffice or registered resignature required who \$550.00 Willi be \$750.00	en reinstating) 10. Election Ca		da. I am f	famillar wi		
9. This corporate Tax filing (See criter	Signature, typed or printed coration is eligible to s requirement and elec- eria on back)	d name of registered agent and to satisfy its intangible	FILE NOW!!! After September 13, Make Check Payable	registered off Fregistered Agent FEE IS \$ 2002 Fee v let to Depart	ffice or registered resignature required who \$550.00 willi be \$750.00 trment of State	en reinstating) 10. Election Ca	impaign Finan Contribution.	DATE	famillar wi	.00 May Be	
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SIGNATURE:

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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE:

One 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