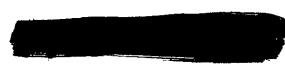
DOCUMENT # POI WOOG214 1. Entity Name

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91196 049 ***150.00



T.	O.A.N. INC.					
Principal Pla	ce of Business					
	Place of Business E SANDPIPER DR	3. Mailing Address	580 <i>3</i> 82			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Sta	JTON BEH FL	BOCA RATON	> -/	4. FEI Number	,	Applied For
33 44	Country	Zip	Country	59 3732739	\$8.75 A	Not Applicable
J 7 9 G	6. Name and Address of Current F	J3188	USA	Certificate of Status Desired Name and Address of New Registere	Eee.Requi	red
٠٨.			Name	Name Name		
275	RLENE MAURER 16 E SANDPIPER	ess (P.O. Box Number is Not Acceptable)				
37 78.	DYNTON BOH, FL				·	
			City	F	L Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent an	Maure (NOTE	: Registered Agent signature rea	She suited when reinstalling)	162	·
9. This corpo	oration is eligible to satisfy its intangible		म विद्यानित्र क्षात्र क्षात्र होते ।		·	
	equirement and elects to do so.	ું પ્રાથમિક વિદ્યારા છે. જ્યારા મામણ પ્રાથમિક સ્થાપ	於 Educavilla Guardani	10. Election Campaign Financing Trust Fund Contribution.	□ \$5.0 Adde	00 May Be ed to Fees
TITLE	OFFICERS AND D	IRECTORS Defele	12.	ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS	ARLENE MAUREA	<u>ر</u>	TITLE NAME	4	☐ Change	☐ Addition
CITY-ST-ZIP	BOYNTON BCH, FL	33462	STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		Delete ·	TITLE NAME		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE	-	☐ Delete	TITLE			
NAME STREET ADDRESS			NAME		☐ Change	Addition
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			ĺ
TITLE .		☐ Delete	TITLE		Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS			j
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP			
TITLE NAME		Delete	TITLE NAME		Change	Addition
STREET ADDRESS			STREET ADDRESS	a second		
TITLE		☐ Delete	CITY-ST-ZIP			
(AME		Uerete i	NAME		☐ Change	☐ Addition
TREET ADDRESS			STREET ADDRESS City-St-Zip			
3. I hereby ce indicated or the corpor	rtify that the information supplied with this in this report or supplemental report is true trailing or the receiver of the true to supplemental report.	filing does not qualify for the and accurate and that my		Section 119.07(3)(i), Florida Statutes. I further cer a same legal effect as if made under oath; that I	lify that the inf	ormation

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