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SECRETARY OF STALLAHASSEE, FLOR  SHOWN, CENTRAL PARKWAY, SUITE 1500  ALTAMONTE SPRINGS, FL 33/114  2. Principal Place of Business  Suite, Apr. #. dec.  City & State  Suite, Apr. #. dec.  Suite, Apr.	04	02 MAY -3 PM 1:04				
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Side, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  ALTAMONIE SPRINSS, FL  ALTAMONIE SPRINSS, FL  ALTAMONIE SPRINSS, FL  ALTAMONIE SPRINSS, FL  B. Hame and Address of Current Registered Agent  RYAN NILLIAMS  IOI HOLLON BRANCH RO,  APOPKA, FL 337IO3  B. The above numed unity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Symmetry, medicing preparation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See cinerio to bock)  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  The Composition is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See cinerio to bock)  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  Trust Fund Contribution.  10. Election Compalign Financing Trust Fund Contribution.  Make Check Payable to Department of State  White Make The Check Payable to Department of State  BOD LIFE THE MAKE ARRESS CITY-SI-2P  10. Election Compalign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  SINCE AURIESS  SINCE AURIESS  SINCE AURIESS  SINCE AURIESS  CITY-SI-2P  Detection States Since Auriess  SINCE AURIESS  CITY-SI-2P  Detection Since Auries Since	HIR <b>a a</b> ni <b>a</b> n maan <b>a</b> kii ka i	F TRANSFELL HAT MENET ORDER DONNE ROTER SOMMET FROM MENET GATED OFFI		<b>3</b> %7।4	INTE SPRINGS, FL	ALTAMO
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SATHU US 3. Certificate Canal Season Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 7. Name and Address of New Registered Agent 8. Name 7. Name and Address of New Registered Agent 9. Name 8. Name 9. N	Not Applic  3.75 Additional	\$0.75 Addition			Country	Zîp
RYAN VILLIAMS    OI HOLLOW BRANCH RO.   Sued Address (P.O. Box Number is Not Acceptable)    Record Address (P.O. Box Number is Not Acceptable)	e Required	Fee Requ		321714		
Silvest Address (P.O. Box Number is Not Acceptable)  APOPKA, FL 33703  City FL  B. 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 Signature, mand a present recommend and increased agent and the flagworlds.  P. This corporation is digible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  PILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  This Point Contribution.  10. Election Campaign Financing This Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SIRELADORSS  SIREL	ent -	lame and Address of New Hegistered Agent	. Name	gistered Agent		RV
APOPKA ,FL 33703  Eity FL  City FL  Cit	Street Address (P.O. Box Number is Not Acceptable)		Street Addre	<u> </u>		
B. 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, typest or period name of registered agent and latest applicable.  P. This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so.  (See criteria on back)  This corporation is eligible to satisfy its Intangible Tax lifting requirement of State This corporation is eligible to be satisfy its Intangible Tax lifting requirement of State This corporation is eligible to satisfy its Intangible Tax lifting requirement of State This corporation is eligible to be satisfy its Intangible Tax lifting requirement of State This corporation is eligible to satisfy its Intangible Tax lifting requirement of State This new lifting requirement of State This new lifting requirement of State This new lifting requirement				U.		_
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify			CITY-ST-ZIP			

- RYAN WILLIAMS 4-30-02 321-689-5680