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34243-3805 34243-3805 8. Certificate of Status Desired and the status desired agent Tr. Name and Address of New Registerid Agent Tr. Name and Address of New Registerid Agent LANGDON, ALLEN E IZS FIRST AVE I NOKOMIS, FL 34275 Name Allen E. Langdon, Ph.D. Steer Address (P.O. Box Number is Not Acceptable) Steer Address (P.O. Box Number is Not Acceptable) Steer Address (P.O. Box Number is Not Acceptable) Steer Address (P.O. Box Number is Not Acceptable) Notomis FL 34275-424 Steer Address (P.O. Box Number is Not Acceptable) Steer Address (P.O. Box Number is Not Acceptable) SIGMATURE Junct Steer Address (P.O. Box Number is Not Acceptable) Notemas August 20, 2004 SIGMATURE Steer Address (P.O. Box Number is Not Acceptable) Note Notemas August 20, 2004 SIGMATURE Steer Address (P.O. Box Number is Not Acceptable) Note Note Note Note Note Note Note Note	Sarasota, F	lorida	Sa	rasota, Florida		4. FEI Number		\	ot Applicable
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B. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations completered agent. BIGMATURE Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations completered agent. BIGMATURE Submits this statement for the purpose of changing financing Trust Fund Contribution. FILE NOWILI FEE IS \$550.00 Due by September 8, 2004 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. DATTACCHIONE, LARRY F SR. STRET ADDRSS SSA COUNTRY LAKES DR STRET ADDRSS SSS COUNTRY LAKES DR STRET ADDRSS STRET ADDRSS	•	-			City	lokomis		FL 342	75-4242
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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 Block 11 in the same legal effect.	10. TITLE C NAME STREET ADDRESS SCITY-ST-ZIP S TITLE C NAME M STREET ADDRESS S CITY-ST-ZIP S TITLE C NAME M STREET ADDRESS S CITY-ST-ZIP S TITLE N NAME M STREET ADDRESS S CITY-ST-ZIP S TITLE N NAME STREET ADDRESS STREET ADDRESS S TITLE NAME STREET ADDRESS S TITLE NAME STREET ADDRESS S	A by September (OF D MATTACCHIONE, L 5656 COUNTRY LAI SARASOTA, FL 342 D MATTACCHIONE, S 5656 COUNTRY LAI SARASOTA, FL 342 D MATTACCHIONE, L 5656 COUNTRY LAI	B, 2004 FFICERS AND DIREC ARRY F SR. KES DR 243 SHIRLEY E KES DR 243 ARRY F KES DR	Trust Fund Cont	11: TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/(), P Mattacchione, Larry I 6566 Country Lakes Sarasota, FL 34243-), VP Mattacchione, Larry I 6566 Country Lakes Sarasota, FL 34243-), S, T Mattacchione, Shirle 6566 Country Lakes	F., Sr. Drive 3805 F., Jr. Drive 3805 7 E. Drive	Image Image	Addition
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AH001mont 24080805

August 20, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

RE: Annual Corporate Filing

To Whom It May Concern:

Could you please see it in your heart to relieve the late penalty due to the fact that I did not-receive-the postcard-that-you-sent-out?=-My-accountant-has-informed-me-that-I-havenot paid the annual fee and sent in the revised form. I'm sorry for this oversight and my accountant assures me that he will now be tracking to make sure that all of the corporations that he works on will file the proper annual reports with fees in the future.

Thank you in advance for your consideration on this matter.

Sincerely,

- Mattelie/ Matkion, Inc.

Document Number P03000064036 Larry F. Mattacchione, Sr. - President 5656 Country Lakes Drive Sarasota, FL 34243-3805