FILED Jul 23, 2002 8:00 am Secretary of State 07-23-2002 90334 043 ***550.00

DOCUMENT# P27770

1. Entity Name

CARGEX ORLANDO PROPERTIES, INC.

Principal Place	e of Business		Mailir	ng Address									
% CARGEX PR	ROPERTIES			ARGEX PROPERTIES	3								
49 ATLANTIC			-	TLANTIC PLACE									
S PORTLAND	ME 04106		US	ORTLAND ME 04106									
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Suite, Apt.	#, etc. 910	0	5	e, Aph#, etc.						OI WHILE	IN THIS S		
City & Spate	+ land	no	Tot	etand.	ME	-	4	. FEI Numb	04-30	73131			Applied For Not Applicable
Zip OH	101	Country	Zip	1101	Coun	ntry			e of Status D		<u></u> Ц	\$8.75 A Fee Requi	
	6. Name	and Address of Curre	ent Register	ed Agent			. 7	. Name an	d Address o	f New Re	gistered A	gent	
						Name							
THE PREN	ITICE-HAÎL	CORPORATION SY	STEM INC.	· · · · · · · · · · · · · · · · · · ·		Street Add	dress (P.C	. Box Num	oer is Not Ac	ceptable)			
1201 HAY	S STREET					<u></u>		- -					
SUITE 105	5												
TALLAHAS	SSEE FL 32	301				City		,			FL	Zip Co	de
	named entity	submits this statemen	nt for the purp	pose of changing i	ts register	ed office or r	registered	agent, or b	oth, in the St	ate of Flor	ida. I am t	amiliar wit	h, and accept
		ered agerii.											
SIGNATURE.	Signature, typed o	ered agent. or printed name of registered ag	gent and title if ap	opficable. (NC	OTE: Registere	ed Agent signature	re required whe	en reinstating)			DATE		
9. This corpo	oration is eligil		ible A	<u> </u>	/!!! FEE	IS \$550.0 Fee will be	00 = \$750.00	10. E	lection Cam rust Fund Co	•	incing _		.00 May Be ed to Fees
9. This corpo	oration is eligil requirement a	or printed name of registered according to satisfy its Intang and elects to do so.	ible A	FILE NOW fter September 1 Make Check Paya	/!!! FEE	IS \$550.0 Fee will be epartment	00 \$750.00 of State	10. E		ontribution	incing] Ádd	ed to Fees
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13. I hereby 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

207.773. 5841