3. Date incorporated or Qualified         12/11/1992         2. Principal Place of Business       2a. Mailing Address         2. Buile, Apt. #, etc.       5. Gertificate of Status Desired       Not Applicable         Suite, Apt. #, etc.       5. Certificate of Status Desired       Fee Required         City & State       6. Election Campaign Financing       Added to Fees         2/p       Country       2/p       Country       8. This corporation owes the current year Intangible         2/p       Country       2/l       30       Personal Property Tax.       Yes         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         HAINES, RICHARD       82       Street Address (P.O. Box Number is Not Acceptable)       83         84       City       FL       85       Z/p Code         11. Pursuant to the provisions of Sactions 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or boh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment	COF ANNU	NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ROFIT PORATION AL REPORT 999		<b>FILED</b> <b>Apr 13, 1999 8:00 am</b> <b>Secretary of State</b> 04-13-1999 90076 038 ***150.00					
	<ol> <li>Corporation</li> </ol>	n Name		1259					
	Princinal Place	e of Business		Mailing Address					
	67 HAROLD A	VE	Ň	INTER PARK FL 32789					
Solite, Apt. #, etc.       Solite, Apt. #, etc. <th< td=""><td></td><td></td><td></td><td>- Moline Address</td><td></td><td></td><td></td><td>plied For</td><td></td></th<>				- Moline Address				plied For	
27       5. Cerritotics Oscilla Usefino C       Fee Required         20y & State       2       Chy & State       5. Stoth wy       Stoth wy         20y       21       22       Country       8. Election Campaign Francing       Model to Pees         20y       21       22       Country       8. This copyration owes the current year intangate       Model to Pees         20y       21       20       Country       8. This copyration owes the current year intangate       Model to Pees         20y       21       20       Country       10. Name and Address of New Registered Agent       11. Name         41       Name       10. Name and Address of New Registered Agent       11. Name       11. Name         60? HARDUD AVE       12       Street Address (P.O. Box Number in Net Acceptable)       12         61       12       Street Address (P.O. Box Number in Net Acceptable)       12       20         61       Lam familier with, and accept the obligations of States 607.6505. Fordra Statutes       10       Address (P.O. Box Number in Net Acceptable)       10         62       Street Address (P.O. Box Number in Net Acceptable)       10       10       10       10       10         63       Chy       Fordra Statutes       10       10       10       10	z. Principal P			- -	* * · · · · · · · · · · · ·		No	t Applicable	-
City & State       City & State       6. Elector.company       \$5.00 May be Added to Fees         2ip       Country       2ip       Country       8. This corporation owes the current year Intangable Prescoal Property Tax.       None and Address of Current Registered Agent       10. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         HAINES, RICHARD       61       Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         HAINES, RICHARD       61       Street Address (P.O. Box Number is Not Acceptable)       62         WINTER PARK FL 32789       63       Street Address (P.O. Box Number is Not Acceptable)       63         64       City       FL       85       Zip Code         11. Pursuent to the provisions of Section 607 0502 and 607 1505, Florida Statutes, the above-named corporation submits this statement for the purpose of Charging its registered efficitors in the bage of the objection of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the supplicit met are publicle         SIGNATURE       0       City States       13       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         Control       0       Control       0       Control       0       Control         12       0       0       DELETE       13       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12       Conarg	¬ ` '	#, etc.	27			5. Certifcate of Status Desired			
Zp         Country         Zp         Country         Its corporation overs the current year intangible Personal Property Tax.         Name           9. Name and Address of Current Registered Agent         91         Name         N	City & Stat	e		City & State					
	Zip	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Zip		8. This corporation owes the cu	rrent year Intangible		
HAINES, RICHARD 67 HAROLD AVE WINTER PARK FL 32789	s								
667 HAROLD AVE WINTER PARK FL 32789       87         86       City       183         94       City       FL       85       Zip Code Topolation admits this statement for the purpose of charging its registered agoint in both, and accept the colligations of 3005/2 and 607 1009. Florids Statutes in a downlear and comportation admits this statement for the purpose of charging its registered agoint in the provision of Section 607.0505. Florids Statutes.       86       City       FL       85       Zip Code application admits this statement for the purpose of charging its registered agoint in the opportunity and the registered agoint in the purpose of charging its registered agoint in the opportunity of the collegible of the registered agoint in the opportunity of the collegible of the registered agoint in the opportunity of the collegible of the registered agoint in the opportunity of the collegible of the registered agoint in the opportunity of the collegible of the registered agoint in the opportunity of the collegible of the registered agoint in the opportunity of the collegible of the registered agoint in the opportunity of the collegible of the registered agoint in the information inter adoress inter adoress	HAIN	NES. RICHARD				· ••••			
Bit         City         Etc         Dip Code           14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I an entitial with, and accept the obligations of Section 07.0508, Florida Statutes.         Iber corporation's board of directors. I hereby accept the appointment as registered agent. Lambda to the provisions of Section 07.0508, Florida Statutes.           SIGNATURE         Image: Lambda to the provision of Section 07.0508, Florida Statutes.         Iber corporation's board of directors. I hereby accept the appointment as registered agent. Lambda to the provision of Section 07.0508, Florida Statutes.           SIGNATURE         Image: Lambda to the provision of section 07.0508, Florida Statutes.         Iber corporation's board of directors. I hereby accept the appointment as registered agent. Lambda to the provision of section 07.0508, Florida Statutes.           SIGNATURE         Image: Lambda to the provision of section 07.0508, Florida Statutes.         Iber corporation's board of directors. I hereby accept the appointment as registered agent. Lambda to the provision of section 07.0508, Florida Statutes.           Image: Decision of the provision of provision of provision of provision of section 07.0508, Florida Statutes.         Iber corporation's board of directors. I hereby accept the obligation of provision of pr	667	HAROLD AVE				ress (P.O. Box Number is Not Accep	otable)		
1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agant. an minilar with, and accept the obligations of, Section 607 0505, Florida Statutes.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13.         TITLE       13.       13.      <	WIN	ter park FL 32789			83				
office or registered agent, or both, in the State of Honda, Subin Obtained by the Corporation's doald of unectors. Thereby except the experiment and registered agent, and accept the obligations of, Section Both, Statutes.       Date         SIGNATURE									
ITREET ADDRESS       13 STREET ADDRESS         ITV-ST-ZIP       ORLANDO FL 32825         ITV-ST-ZIP       ITTLE         WAVE       23 STREET ADDRESS         ITV-ST-ZIP       ITTLE         WAVE       23 STREET ADDRESS         ITV-ST-ZIP       ITTLE         ITV-ST-ZIP       ITTLE         ITV-ST-ZIP       24 CITY-ST-ZIP         ITV-ST-ZIP       ITTLE         ITTLE       ITTLE<	office or r	edistared adapt of both	in the State of Flo	rida - Such change was aut	s, the above-named corr horized by the corporat	poration submits this statement for th on's board of directors. I hereby acc	FL	registered	
TREET ADDRESS       13 STREET ADDRESS         ITV. ST. 2P       ORLANDO FL 32825         TREET ADDRESS       14 CITV. ST. 2P         NME       22 NAME         ITV. ST. 2P       2.4 CITV. ST. 2P         ITV. ST. 2P       3.3 STREET ADDRESS         ITV. ST. 2P       3.3 STREET ADDRESS         ITV. ST. 2P       3.4 CITV. ST. 2P         ITV. ST. 2P       4.4 CITV. ST. 2P         ITV. ST. 2P       4.4 CITV. ST. 2P         ITV. ST. 2P       4.4 CITV. ST. 2P         ITV. ST. 2P       5.4 CITV. ST. 2P	office or r agent. I a BIGNATURE	egistered agent, or both, im familiar with, and acce Signature, typed or printed name	In the State of Flo. pt the obligations of registered agent and til	rida. Such change was aut of, Section 607.0505, Florid ie if applicable. (NOTE: F	s, the above-named corp thorized by the corporate da Statutes.	ed when reinstating)	PL	registered gistered	1/98)
Immunols       Immunols <td< td=""><td>office or r agent. I a SIGNATURE I2.</td><td>egistered agent, or both, im familiar with, and acce Signature, typed or printed name OI</td><td>of registered agent and til FFICERS AND DIF</td><td>rida. Such change was aut of, Section 607.0505, Florid ie if applicable. (NOTE: F RECTORS</td><td>s, the above-named com horized by the corporate da Statutes. Registered Agent signature requir 13. 1.1 ΠΠLE</td><td>ed when reinstating)</td><td>PL</td><td>registered gistered</td><td>4 (11/98)</td></td<>	office or r agent. I a SIGNATURE I2.	egistered agent, or both, im familiar with, and acce Signature, typed or printed name OI	of registered agent and til FFICERS AND DIF	rida. Such change was aut of, Section 607.0505, Florid ie if applicable. (NOTE: F RECTORS	s, the above-named com horized by the corporate da Statutes. Registered Agent signature requir 13. 1.1 ΠΠLE	ed when reinstating)	PL	registered gistered	4 (11/98)
III.E       III.E       III.E       III.E       III.E       III.E         AME       22 NAME       23 STREET ADDRESS       III.E       III.E         ITTLE       DELETE       31 TTLE       III.E       III.E         AME       32 NAME       III.E       III.E       III.E         ITTLE       DELETE       31 TTLE       III.E       III.E         AME       32 NAME       III.E       III.E       III.E         ITREET ADDRESS       III.E       III.E       III.E       III.E         ITREET ADDRESS       III.E       III.E       IIII.E       III.E         ITREET ADDRESS       III.E       III.E       III.E       III.E       III.E         ITREE TADDRESS       III.E       IIII.E       IIII.E       IIII.E       I	office or r agent. I a SIGNATURE I2. ITLE	egistered agent, or both, im familiar with, and acce Signature, typed or printed name OI D HAINES, RICHARD I	In the State of Flo ppt the obligations of of registered agent and the FFICERS AND DIF	rida. Such change was aut of, Section 607.0505, Florid ie if applicable. (NOTE: F RECTORS	s, the above-named com horized by the corporation as Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	PL	registered gistered	E034 (11/98)
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ATREET ADDRESS       43 STREET ADDRESS         ATTY-ST-ZIP       A4 CITY-ST-ZIP         ITTLE       DELETE         STREET ADDRESS       51 TITLE         AME       52 NAME         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       Change         MAKE       53 STREET ADDRESS         CITY-ST-ZIP       54 CITY-ST-ZIP         TITLE       DELETE         64 CITY-ST-ZIP       Change         MAKE       63 STREET ADDRESS         STREET ADDRESS       64 CITY-ST-ZIP         TITLE       DELETE         61 TITLE       Change         MAKE       63 STREET ADDRESS         STREET ADDRESS       64 CITY-ST-ZIP         TITLE       DELETE         61 TITLE       Change         MAKE       63 STREET ADDRESS         STREET ADDRESS       64 CITY-ST-ZIP         TAME       63 STREET ADDRESS         STREET ADDRESS       64 CITY-ST-ZIP         T4. 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 an officer of the comparison or the receiver or thistee and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the compa	office or r agent. I a SIGNATURE 12. ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS	registered agent, or both, im familiar with, and acce Signature, typed or printed name OI HAINES, RICHARD I 1637 ROSEGARDEN ORLANDO FL 3282	In the State of Flo ppt the obligations of of registered agent and til FFICERS AND DIF	Inda, Such change was aut of, Section 607.0505, Florid le if applicable. (NOTE: F RECTORS	s, the above-named com horized by the corporation a Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ed when reinstating)	FL	registered gistered IRS IN 12	R2E
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14. 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 annual report or supplemental annual 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 comportion or the receiver or thistee empowered to execute this report as required by Chapter 607. Elorida Statutes; and that my name appears in	Affice or r agent. I a SIGNATURE	registered agent, or both, im familiar with, and acce Signature, typed or printed name OI HAINES, RICHARD I 1637 ROSEGARDEN ORLANDO FL 3282	In the State of Flo ppt the obligations of of registered agent and til FFICERS AND DIF	Inda. Such Change Was all of, Section 607.0505, Florid ie if applicable. (NOTE: F EECTORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corporate fa Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating)	FL         we purpose of changing its ept the appointment as reprint the appoint the appointment as reprint the appoint the ap	registered gistered DRS IN 12 Addition Addition Addition	R2E
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