SECUNI	NOTICE: CODDODATION WILL	DE DISCOURE	ON OR AFTER A							
AMOUNT DU	D NOTICE: CORPORATION WILL E ON OR BEFORE 8/7/96: \$225 (1F 1	L BE DISSULVED DISSOLVED, MINI	ON OK AFTER A Mum amount due	NUGUST 7, 1996. TO REINSTATE: \$375	5.}					
	PROFIT RPORATION		FLORIDA DEPART	MENT OF STATE					• •	
ANN	Mortham			· ·)					
Secretary of State 1996 DIVISION OF CORPORATIONS								/ -	l = 5	
DOOL IN JENT II									LED	
DOCUMEN I # P93000009203 (9)							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	36 OCT 2	I AM 9: 34	ļ
SUN TITLE & ABSTRACT OF WELLINGTON, INC.						, t	y / S	ECRETAR	RY OF STATE	
,						$-i\nabla \nabla^2$	1/	ALLAHAS:	RY OF STATE SEE, FLORIDA	4
Principal Place of Business Mailing Address						12				-
12794 W. FOREST HILL BLVD. 12794 W. FOREST HILL BLVD.							~ v			
SUITE 30 SUITE 30 WELLINGTON, FLORIDA 33414 WELLINGTON, FLORIDA 33414						3. Date Incorpora	ted or Qualified	3a. Date of	f Last Report	7
Principal Place of Business 2a. Mailing Address						02/05/1993 02/14/96				
21		26 Vigili	mg Address			4. FEI Number 65-0396728			Applied For Not Applicable	,
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.		5	5. Certificate of St	atus Desired	☐ \$1	8.75 Additional	7
City & Stat	е	· · ·	& State	· · · · · · · · · · · · · · · · · · ·	- 6	5. Election Campa	ian Financina	s	Fee Required 5.00 May Be	+
Zip	Country	28 Zip		Country		Trust Fund Cont This corporation	ribution		Added to Fees	⇃
24	25 9. Name and Address of Cui	29	3			Florida Statutes		Yes 🔲 No		
GUY R.		rent negistered	Agent	81 Name	10). Name and Add	iress of New Reg	Istered Agen	<u>t</u>	-
	W. FOREST HILL BLV	7D. # 30		82 Street A	\ddress ((P.O. Box Number	is Not Acceptable	e)		+
	GTON, FLORIDA 3341			83		Т				$\frac{1}{2}$
				84 City				85	Zip Code	$\frac{1}{1}$
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.150	8, Florida Statutes,	the above-named co	orporatio	on submits this sta	lement for the pur	FL pose of chang	ging its registered	-
agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the ob	ligations of, Section	on 607.0505, Florid	norized by the corpor ia Statutes.	ration's b	opard of directors.	I hereby accept (he appointme	nt as registered	
	Signature, typed or printed name of registered			Registered Agent signature re	equired whe	n reinstating)		DATE		
	D/P/T	AND DIRECTORS	DELETE	13. 1.1 Title		ADDITIONS/CHA	NGES TO OFFICE		CTORS IN 12]́€
I I V GHL		GUY	OUTTON 20	1.2 NAME				L V	mango Nadition	2
CITY-ST-ZIP	12794 W. FOREST H. WELLINGTON, FLORIS	DA 33414	, SUITE 30	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						2 FO
	D/V/S GOULD SA		X DELETE	21 TITLE		400	<u> </u>	8662	bagge Addition	8
	12794 W. FOREST HI	NDY LL BLVD	SUITE 30	2.2 NAME 2.3 STREET ADDRESS			-10/25/9	601103	3020	
	WELLINGTON, FLORID			2.4 CITY - ST - ZIP			*****	.25 ***	***61.25	
 	D CONWAY PATRIC	TA	DEFELE	3.1 TITLE 3.2 NAME				[] C	hange Addition	
STREET ADORESS	12794 W. FOREST HI	LL BLVD.,	SUITE 30	3 3 STREET ADDRESS						
CITY-ST-ZIP TITLE	WELLINGTON, FLORID	A_33414	DELETE	3.4. City-ST-ZIP 4.1 Title		<u> </u>		To	hange Addition	-
NAME STREET ADDRESS				4. 2 NAME					_	
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST-ZIP						
TITLE NAME			DELETE	5.1 TITLE 5.2 NAME	//	<u> </u>		Ct	nange Addition	
STREET ADDRESS				5.3 STREET ADDRESS	1/2	101	A			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	<u> </u>	DYNUM	<u> </u>	<u> </u>		
NAME		ı		6.2 NAME	V	UN VIC		L	nange Addition	
STREET ADDRESS City-St-Zip				6 3 STREET ADDRESS		γ /				
44 I do beroby	y certify that the information suppl	ied with this filing	is voluntarily furnish	6.4 City-\$1-zip hed and does not qu	ualify for 1	the exemption stat	ted in Section 119	9.07(3)(k), Flori	ida Statutes. I	
made unde that my nar	y certify that the information is appli lify that the information is accated c er oath; that I am an officer by direc me appears in Block 12 or Block 1:	other of the oppora	ation or the receiver	r or trustee empower th an address.	red to ex	ecute this report a	y signature shall h is required by Ch	ave the same apter 617, Flor	legal effect as if ida Statutes; and	
SIGNATU		· Boden	d			0/15/96	(561)798			
	SIGNATURE AND TYPED GUY R BY	OR PRINTED NAME OF	SONING OFFICER OR DENT	HRECTOR			ate	Daytime Ph	ione #	