ThTE     PID     Delete     Inte     Inte     Delete     Inte       NAME     ROSASCO, PETER L     STRETADDRESS     G335 HWY C-30     STRETADDRESS     G17-ST-ZIP     Inte	1. Entity Name	MENT # P93000	FILED Jan 14, 2000 8:00 am Secretary of State 01-14-2000 90031 047 ***158.75				
REY WEST FL 3300   REY WEST FL 3300   REY WEST FL 3300/UN   NUME VEST FL 3300/UN     2. Principal Place of Buarcese   3. Mailing Andrese	Principal Place	of Business	Mailing Address				
Suite, Apr. #, etc.     Suite, Apr. #, etc.     Dute, Apr. #, etc.     Dute, Apr. #, etc.       City & State     City & State     City & State     Do Not Write IN THIS SPACE       City & State     Country     Zip     Country     So. Earlifeator of Status Desired     So. 75, 4000       Zip     Country     Zip     Country     So. Carification of Status Desired     So. 75, 75, 75, 72       Zip     Country     Zip     Country     So. Carification of Status Desired     So. 75, 72       State     Country     Zip     Country     Name and Address of Name Registered Agent     7, Name and Address of Name Registered Agent       FX05ASCO, MARK A     State of Foundational Technologies     State of Foundational Technologies     State of Foundational Technologies       NEW WEST FL 33040     Color Number is Not Acceptable)     State of Foundational Technologies     State of Foundational Technologies       State of relation on anchol on action of state of relation of state of State of Foundational Technologies     Color High Technologies     State of Foundational Technologies       State of relation on accel     Control registered Address (no. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	KEY WEST FL 33040		KEY WEST FL 33040-3114		Λυ	00000*	
City & State   City & State   4. FEI Number   65-0396807   Applied FC     Zip   Country   Zip   Country   5. Certification of Statute Desired   Xet Arr H     Ross Account   8. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent     POSASCO, MARK A   Street Address (PO, Box Number Is Not Acceptable)   FL   Zip Code     1303 SMONTON ST   Street Address (PO, Box Number Is Not Acceptable)   FL   Zip Code     8. The above named antity submits this statement for the purpose of charging its registered digent. or both, in the State of Fortida.   Signam. Yabed or ince foreit of upgreent agent of the fortida.     SIGNATURE   The above named antity submits this statement for the purpose of charging its registered agent. or both, in the State of Fortida.   City   FL   Zip Code     Intra composition of the signal for the fortida.   Inter Charging Financing   State Of Control or set (Signam. Yabed or inter (Vipboth)   Date   The Control or set (Signam. Yabed or inter (Vipboth)   Date     Intra composition of the state of the control or set (Signam. Yabed or inter (Vipboth)   Inter Charging Financing   State Of Control or set (Signam. Yabed or inter (Vipboth)   Date     Intra control or set (Signam. Yabed or inter (Vipboth)   Inter Charged	2. Principal Place of Business		3. Mailing Address				
Strem Strem Strem Strem   20 Country Zip Country 5. Certificate of Status Desired X 95.75 Statutional Status Desired X X 95.75 Statutional Status Desired X   ROSASCO, MARK A 1303 SMONTON ST KEY WEST FL 33040 Street Address (P.). Box Number is Not Acceptable) FL Zip Code   8. The above named entry submits this statement for the purpose of changing its registered defice or registered agent. or both, in the Statu of Forda. FL Zip Code   8. The above named entry submits this statement for the purpose of changing its registered defice or registered agent. or both, in the Statu of Forda. SiGNATURE Onter Torget Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN TH	IS SPACE	
Consider the constraint of the constraint of the purpose of changing its registered agent Constraint of the statement for the purpose of changing its registered agent and Address of New Registered Agent Constraint of the State of Fourier Englishered Agent and Address (PO. Box Number is Not Acceptable) Constraint of the State of Fourier Englishered Agent and English	City & State		City & State		4. FEI Number 65-0396807		
ROSASCO, MARK A 1303 GMONTON ST KEY WEST FL 33040  City  FL  Zip Code  Signature	Zip	Country	Zip	Country	5. Certificate of Status Desired		
POSASCO, MARK A 1330 SMONTON ST KEY WEST FL 33040  City     FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code City Signature City Signature City Signature City City Signature City Signature City		6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Register	d Agent	
SIGNATURE	1330 KEY	SIMONTON ST WEST FL 33040		City	F	L	e
Thile   PTD   Change	9. This corpo Tax filing re (See criteri	ration is eligible to satisfy its Intangib equirement and elects to do so. a on back)	Die FILE NOW After MAY 1, 2 Make Check Pays	VIII FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	to Fees
ITTLE   VSD   Delete   ITTLE   Change   Add     NAME   ROSASCO, MARK A   NAME   NAME   STREET ADDRESS   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Delete   ITTLE   NAME   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Delete   ITTLE   NAME   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Delete   ITTLE   NAME   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Delete   ITTLE   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Delete   ITTLE   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Delete   ITTLE   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Delete   ITTLE   CITV-ST-2P   CITV-ST-2P   CITV-ST-2P     ITTLE   Ital   Ital   Ital   Ital   Ital   Ital   Ital   Ital   Ital <td>TITLE NAME STREET ADDRESS</td> <td>PTD ROSASCO, PETER L 6335 HWY C-30</td> <td></td> <td>TITLE NAME STREET ADDRESS</td> <td>ADDITIONS/CHANGES TO OFFICERS A</td> <td></td> <td>S IN 11</td>	TITLE NAME STREET ADDRESS	PTD ROSASCO, PETER L 6335 HWY C-30		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		S IN 11
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International problems   International problems   International problems   International problems     STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP     ITTLE   Delete   TITLE   Change   Additional problems     NAME   STREET ADDRESS   STREET ADDRESS   CitY-ST-ZIP   Change   Additional problems     STREET ADDRESS   CitY-ST-ZIP   CitY-ST-ZIP   CitY-ST-ZIP   CitY-ST-ZIP   CitY-ST-ZIP     TITLE   Delete   TITLE   NAME   STREET ADDRESS   CitY-ST-ZIP   CitY-ST-ZIP     TITLE   Delete   TITLE   CitY-ST-ZIP   CitY-ST-ZIP   Change   Additional problems     STREET ADDRESS   STREET ADDRESS   CitY-ST-ZIP   CitY-ST-ZIP   Change   Additional problems     TITLE   Delete   TiTLE   NAME   STREET ADDRESS   CitY-ST-ZIP   CitY-ST-ZIP   CitY-ST-ZIP   CitY-ST-ZIP     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 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 the information of the receiver or true true the	NAME . STREET ADDRESS		Delete	NAME STREET ADDRESS		Change	🗌 Addit
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NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 direct 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 11	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		🛄 Change	🗋 Addit
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