SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT



FLORIDA DEPARTMENT OF STATE

0.11.4

CUM proporation N	996 ENT # P9300	0029273 (8)					
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ipal Place o	f Business	Mailing Address			III BAIIH HOAB		1001 001
BOX 3064 RIDA CITY F	9 99094	P.O. BOX 3064 FLORIDA CITY FL 33034					
nius VIII r	L 33034	(30.03)		3. Date Incorporated or Qualified 04/20/1993		te of Last 21/199	
ringing! Plac	e of Business	2a. Mailing Address		4. FEI Number			Applied For
ппсіраі гіас	e or pasitioss	26		65-0388529			Not Applicable
uite, Apt #,	etc.	Suite, Apt. #. etc		5. Certificate of Status Desired			Additional Required
ity & State		City & State		Election Campaign Financing Trust Fund Contribution			May Be od to Fees
lip.	Country	28 Zip	Country	8. This corporation has liability for			s 199 032,
.ip	25		30	Florida Statutes	Yes	No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	egistered A	igeni	
EDI II	NG, ROBERT		81 Name				
	4 SW 293 TERR		82 Street Add	iress (P.O. Box Number is Not Acceptat	ble)		
	IESTEAD FL 33030		83				
			84 City		FL	85 Z	ip Code
office or reg agent. I am	gistered agent, or both, in the dial i familiar with, and accept the obli	gations of, Section 607.0505, Flo	es, the above-named corporation required by the corporational Statutes.	poration submits this statement for the plant is board of directors. I hereby acceptions were reinstating?	DATE	,	
agent. I am	gistered agent, or both, in the stati familiar with, and accept the obli ligative typed or provides a of registered a OFFICERS A	gations of, Section 607.0505, Fig agentand tite Taighicable (b0) IND DIRECTORS	orida Statute's. TE Registered Agent signature requirements.		DATE	,	ORS IN 12
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SIGNATURE: __

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/196 305-245-2211