1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90050 024 \*\*\*150.00

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1. Corporation Name

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Principal Place	of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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<u> </u>	lace of Business	<u> </u>	555		•	65-0402611			lot Applicable
21	# -1-	26 Suite, Apt. #,	etc			0070402011		<del></del>	Additional
Suite, Apt.	#, etc.	<u> </u>	eic.		5.	Certificate of Status Desi	red 🗌	¥	Required
City & State		City & State			-	Election Campaign Final	ocina	\$5.00	May Be
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Zip	Country	<b>28</b> Zip	C	ountry		This corporation owes th	e current year		
<b>—</b> ·		29	30	Cultry	8.	Personal Property Tax.	e current year	Yes	XiNo
24	9. Name and Address of Cur		[30]		10.	Name and Address of	New Registers	d Agent	
	3. Hame and Address 5. Co.	Tolle Troglot		81 Name		0			
GOY	AL, RAMAN K				<u>يي</u>	OYAL, KAMAN	LK.		
l .	TOLLGATE BLVD.			82 Street	Address (R	O. Box Number is Not A	cceptable)		j
!	LES FL 33942			83	2771	יט זאואומע			
				"					
				84 City	FT MY	ERS	F	L   3	3912
-11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Florid	la Statutes, the	above-named	corporation	submits this statement f	or the purpose	of changing it	s registered
office or o	edistered agent, or both, in the Sta	ate of Florida. Such chang	ie was authonz	ea by the corp	oration's DC	iara oi directors, i ricieny	accept the app	MILITARITY OF I	ngistered j
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0	505, Florida Sta	atutes.		•	,		ļ
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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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP