DOCUMENT #     P93000047702 (4)       MOREKIS ENTERPRISES, INC.       More of harves     Maring Attrees       S & ECUN PARKAY     S & ECUN PARKAY       Privation Record R accel     Maring Attrees       S & ECUN PARKAY     S & ECUN PARKAY       Privation Record R accel     Maring Attrees       S & ECUN PARKAY     S & ECUN PARKAY       Privation Record R accel     Maring Attrees       S & Could Parkage     S & Could Parkage       Cript & State     S & Could Parkage       S & Could Parkage     S & Could Parkage       Cript & State     S & Could Parkage       S & Could Parkage     S & Could Parkage       Cript & State     S & Could Parkage       S & Could Parkage     S & Could Parkage       S & Could Parkage </th <th>COR ANNU</th> <th>PROFIT PORATION JAL REPORT 1996</th> <th>s s Divisio</th> <th>DEPARTMENT OF STATE andra B. Mortham Secretary of State DN OF CORPORATIONS</th> <th></th> <th></th> <th></th> <th></th> <th></th>	COR ANNU	PROFIT PORATION JAL REPORT 1996	s s Divisio	DEPARTMENT OF STATE andra B. Mortham Secretary of State DN OF CORPORATIONS					
FT WALTON BEACH FL 3246       FT WALTON BEACH FL 3246       Address         9, Inv 20pil Flace of Business       2a. Malling Address       A. TEI Number       Applied For         9, Inv 20pil Flace of Business       2a. Malling Address       A. TEI Number       Applied For         001/001/1993       3ble. Apli #, etc.       2a. Malling Address       Applied For       Applied For         001/001/1993       2a. Malling Address       2a. Malling Address       Applied For       Applied For         001/001/1993       2a. Malling Address       2a. Malling Address       Applied For       Applied For         01/1       2a. Malling Address       2a. Malling Address       Applied For       Applied For       Applied For         01/1       2a. Malling Address       2a. Malling Address       Countery       Applied For       Applied For       Applied For         1       2a. Malling Address       0 Countery       Zin       Countery       Applied For       Applied For       Applied For         1       2a. Malling Address       0 Countery       Zin       Countery       Countery       Status Address of Counter For Applied	, Corporation	KIS ENTERPRISES, IN	1C.	(4)					
Encode The conflictions     Example in the conflictions						•			•
Selet, Apr. 4, etc.     S. Sto, Apr. 4, etc.     S. Sto, Apr. 4, etc.     S. Certificatio of Status Decred     Peo Required       Cry, 4: Statu     Cry, 5: State     S. Certificatio of Status Decred     S. Sto, Apr. 4, etc.     S. Certificatio of Status Decred     S. Sto, Apr. 4, etc.       21     Cry, 5: State     S. Certificatio of Status Decred     S. Certificatio of Status Decred     Status Decred       21     Zi     State     State Apr. 4, etc.     Status Decred     Status Decred       21     Zi     State     This composition is the status for insingle tax unders     None       21     Zi     Status Decred     None     None     None       32     Status Decred     None     None     None     None       33     None     Status Decred     None     None     None       34     None     Status Decred     None     None     None       35     Control     Status Decred     None     None     None       36     Control     Status Decred     None     None     None     None       37     Control     Status Decred     None     None     None     None       37     Control     Status Decred     None     None     None     None       38     Contro	Principal Pla	ace of Business		ss	4. FEI Nun	nber	<b>u</b>	A	pplied For
Image: state in the state of the s	A	#, etc.	· · · · · · · · · · · · · · · · · · ·	etc.					
Product Notes         Part	City & State	}	City & State		6. Election	Campaign Financing		\$5.00	May Be
Summe and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name	Žφ ,	·····	Zip		8. This cor	poration has liability for	intangible tax		
FLEET, H B 1201 E EQLIN PARKWAY SHALIMAR FL 32579       53 street Address (P.C. Box Number is Not Acceptable)         83       84       Chy       FL       85         84       Chy       FL       85       27b Code         84       Chy       FL       85       27b Code         84       Chy       FL       85       27b Code         85       FLEET, H B 12b Chy       85       27b Code       85         84       Chy       FLEET, H B 12b Chy       85       27b Code         85       FLEET, H B 12b Chy       85       7b Code       85         86       Chy       FLEET, H B 12b Chy       85       7b Code       15b Chy       15	()				10. Name a			gent	
1201 É EGLIN PARKWAY SHALIMAR FL 32579       83         14       Orly       FL       85         14       Orly       FL       85         15       70       FL       85         14       Orly       FL       85         15       70       700       FL       85         16       Orly       FL       85       20 Code         17       FL       1500       Florida Statutes       the above named opporator's board of directors. I hereby accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with, increase accept the appointment as registered agent. I am family with appoint as registered agent. I am family with appoints wi	EI 567	ЧR				lumber is Not Acceptat			
SPRULINAR FL 32579					Address (F.O. Dox 1				
Provide the the providence of Sections 607.0502 and 607.1508, Florida Statules, the above named composition submits this statement for the purpose of changing its registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Compare was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Conservation as regist									
Consignation of both, in this state of Honds, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family with a discrete the oblightere of Social ND 70500, Honds Statutes.  SGNATURE  SGNATURE  COFFICE RS AND DIFECTORS  IS OFFICE RS AND DIFECTORS IS ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 IFFICERS AND DIFECTORS IS ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 IFFICERS AND DIFECTORS IS ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 IFFICERS IS SS EE GELIN PARKWAY IS STREF ADDRESS IFFICERS IS SS EE GELIN PARKWAY IS SS EE GELIN PA							· ··· · ·		
ILF       D       DELETE       1.1 trit.E       Change       Addition         AMF       MOREKIS, CHARLES K       13 STRET ADDRESS       33 SSE EGUN PARKWAY       13 STRET ADDRESS       14 City-S1-2P       Change       Addition         Infe       D       DELETE       21 Tritle       Change       Addition         Infe       SE EGUN PARKWAY       23 STRET ADDRESS       24 City-S1-2P	SHALIM	IAR FL 32579	07.0502 and 607.1508, Florida	84 City	corporation submits to	nis statement for the pu	mose of chai		aristered office
JPRET ADDRESS       36 SE EGLIN PARKWAY       13 STREET ADDRESS         JTF       D       ] DELETE       14 CITY-ST-2P         JTF       D       ] DELETE       2 1 TITLE         AME       MOREKIS, MARIA B       22 NMAE         36 SE EGLIN PARKWAY       23 STREET ADDRESS         JTF-ST-2P       FT WALTON BEACH FL 32548       24 CITY-ST-2P         JTF-ST-7P       FT WALTON BEACH FL 32548       24 CITY-ST-2P         JTF-ST-7P       FT WALTON BEACH FL 32548       24 CITY-ST-2P         JTF-ST-7P       JTF-ST-7P       33 STREET ADDRESS       33 STREET ADDRESS         JTF-ST-7P       JTF-ST-7P       44 CITY-ST-2P       10 LITY-ST-2P         JTF-ST-7P       JTF-ST-7P       JTF-ST-7P       Change       Addition         STREET ADDRESS       STTFET ADDRESS       STREET ADDRESS <t< td=""><td>SHALIM 1. Pursuant t oʻregister familiar wi SIGNATURE</td><td>to the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Structure, brief or project name of reveal</td><td>e of Florida, Such change was an of, Section 607,0505, Florida S west agent and tote if applicable</td><td>84 Orty Statutes, the above-hamed uthorized by the corporation tatutes. (NOTE: Registered Agent signature</td><td>s board of directors.</td><td>I hereby accept the app</td><td>DATE</td><td>nging its re registered</td><td>egistered office agent. I am</td></t<>	SHALIM 1. Pursuant t oʻregister familiar wi SIGNATURE	to the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Structure, brief or project name of reveal	e of Florida, Such change was an of, Section 607,0505, Florida S west agent and tote if applicable	84 Orty Statutes, the above-hamed uthorized by the corporation tatutes. (NOTE: Registered Agent signature	s board of directors.	I hereby accept the app	DATE	nging its re registered	egistered office agent. I am
FT WALTON BEACH FL 32548       14 City-Si-2P         dttie       D       DELETE       2 tritle         dtawe       MOREKIS, MARIA B       22 NAME         36 SE EGUIN PARKWAY       23 STRET ADDRESS         FT WALTON BEACH FL 32548       24 City-Si-2P         FT WALTON BEACH FL 32548       24 City-Si-2P         FT WALTON BEACH FL 32548       24 City-Si-2P         Bite F ADDRESS       24 City-Si-2P         Bite F ADDRESS       3 street ADDRESS         City-Si-2P       3 street ADDRESS         Bite F ADDRESS       3 street ADDRESS         City-Si-2P       3 street ADDRESS         Bite F ADDRESS       3 street ADDRESS         City-Si-2P       3 street ADDRESS         City-Si-2P       44 City-Si-2P         HIF       DELETE       4 street ADDRESS         City-Si-2P       43 Street ADDRESS         City-Si-2P       44 City-Si-2P         HIF       DELETE       5 street ADDRESS         City-Si-2P       44 City-Si-2P         HIF       DELETE       5 street ADDRESS         City-Si-2P       5 street ADDRESS         City-Si-2P       5 street ADDRESS         City-Si-2P       5 street ADDRESS         City-Si-2P	SHALIM or register familiar wi SIGNATURE	IAR FL 32579 to the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Structure, breet or protect name of resol OFFICE	e of Florida, Such change was an of, Soction 607.0505, Florida S lived agent and top if any Acate ERS AND DIRECTORS	B4 City     Statutes, the above-named uthorized by the corporation tatutes.     INOTE: Registered Agent signature     13.     IE 1.1 TrifLE	s board of directors.	I hereby accept the app	DATE	nging its re registered	egistered office agent. I am RS IN 12
MARE       MOREKIS, MARIA B       22 NAME         S6 SE EGUIN PARKWAY       23 STRET ADDRESS         11 - S1 - 7P       FT WALTON BEACH FL 32548       24 CITY - ST - ZP         HEF       DELETE       3 1 TITLE       Change       Addition         AMAL       32 STRET ADDRESS       33 STRET ADDRESS       33 STRET ADDRESS         AMAL       33 STRET ADDRESS       33 STRET ADDRESS       33 STRET ADDRESS         AMAL       33 STRET ADDRESS       34 CITY - ST - ZP	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. MIF AMF	IAR FL 32579 to the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Strature, typed or profiled name of redel OF FICE D MOREKIS, CHARLES	e of Florida. Such change was an of, Soction 607.0505, Florida S Level agent and Ide II an Acatife ERS AND DIRECTORS	84         Oty           Statutes, the above-named uthorized by the corporation tatutes.         Ite corporation tatutes.           INOTE: Registered Agent signature         13.           IE         1.1 TifLE           12 NAME         12 NAME	s board of directors.	I hereby accept the app	DATE	nging its re registered	egistered office agent. I am RS IN 12
Intel ADDRESS       36 SE EGLIN PARKWAY       23 STREET ADDRESS         IT v. SI-7P       FT WALTON BEACH FL 32548       24 CITY-SI-7P         IT v. SI-7P       ID DELETE       3 TITLE         IRLE ADDRESS       32 NAME         ISLE ADDRESS       33 STREET ADDRESS         IN v. SI-7P       ID DELETE         IN v. SI-7P       ID DELETE <td>SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. 1. F AMF IREEL ADDRESS</td> <td>IAR FL 32579 to the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Streature, tarefor protect name of revea OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW</td> <td>e of Florida. Such change was an of, Soction 607.0505, Florida S Level agent and Ident applicate ERS AND DIRECTORS</td> <td>B4 Orty     Statutes, the above-named uthorized by the corporation tatutes.      INOTE: Registered Agent signature     13.      IE 1.1 TITLE     12 NAME     1.3 STREET ADDRES     14 City-S1-ZIP</td> <td>s board of directors.</td> <td>I hereby accept the app</td> <td>DATE</td> <td>nging its re registered DIRECTO</td> <td>egistered office agent. I am RS IN 12</td>	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. 1. F AMF IREEL ADDRESS	IAR FL 32579 to the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Streature, tarefor protect name of revea OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW	e of Florida. Such change was an of, Soction 607.0505, Florida S Level agent and Ident applicate ERS AND DIRECTORS	B4 Orty     Statutes, the above-named uthorized by the corporation tatutes.      INOTE: Registered Agent signature     13.      IE 1.1 TITLE     12 NAME     1.3 STREET ADDRES     14 City-S1-ZIP	s board of directors.	I hereby accept the app	DATE	nging its re registered DIRECTO	egistered office agent. I am RS IN 12
ILE       3 1 TILE       Change       Addition         AML       32 NAME       33 STREET ADDRESS       33 STREET ADDRESS         ILE       33 STREET ADDRESS       34 CITY-ST-2/P       Change       Addition         ILE       DELETE       41 TITLE       Change       Addition         AMP       10 DELETE       41 TITLE       Change       Addition         AMP       42 NAME       43 STREET ADDRESS       43 STREET ADDRESS         INY SI-ZIP       44 CITY-ST-ZIP       Change       Addition         ILE       DELETE       41 TITLE       Change       Addition         INY SI-ZIP       44 CITY-ST-ZIP       Change       Addition         IAMA       52 NAME       STREET ADDRESS       Addition         IAMA       52 NAME       STREET ADDRESS       Addition         IAMA       52 NAME       STREET ADDRESS       Addition         IAMA       STREET ADDRESS       STREET ADDRESS       Addition         IAMA       STREET ADDRESS       STREET ADDRESS       Addition         IAMA       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         IAMA       STREET ADDRESS       STREET ADDRESS       Change       Addition         IAM	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. 10.F 2. 10.F AMF IREELADDRESS 01Y-S1-ZIP -11.E	IAR FL 32579 In the provisions of Sections & red agent, or both, in the State th, and accept the obligations Structure, typed or prefet name of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D	e of Florida. Such change was an of, Soction 607.0505, Florida S Level agent and Ident applicate ERS AND DIRECTORS	84         Orty           Statutes, the above-named uthorized by the corporation tatutes.         Ite corporation           INOTE: Registered Agent signature         13.           IE         1.1 Title           12 NAME         1.3 STREET ADDRES           14 City-S1-ZiP         2.1 TITLE	s board of directors.	I hereby accept the app	DATE	nging its re registered DIRECTO	egistered office agent. I am RS IN 12
AML       32 NAME         AML       32 NAME         ITREELADDRESS       33 SIREELADDRESS         ITS - SL-2P       34 CITY - ST-2P         ITLE       Change         Addition       42 NAME         AML       43 SIREELADDRESS         ITE       DELETE         SILET       SITHEELADDRESS         ITE       DELETE         SILET       SITHEELADDRESS         ITE       SITHEELADDRESS         ITE       SITHEELADDRESS         ITE       SITHEELADDRESS         ITE       SITHEELADDRESS         ITE       DELETE         SITHEELADDRESS       SITHEELADDRESS         ITE       DELETE         ITE       DELETE         ITE       Change         ITE <t< td=""><td>SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. ILF AMF IREL ADDRESS ITY-ST-ZIP ILE IAME</td><td>IAR FL 32579 In the provisions of Sections &amp; red agent, or both, in the State th, and accept the obligations Structure, typed or prefet name of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B</td><td>e of Florida. Such change was an of, Soction 607.0505, Florida S level agent and the it applicate E RS AND DIRECTORS DELET K AY FL 32548</td><td>84         Orty           Statutes, the above-named uthorized by the corporation tatutes.         Invote: Registered Agent signature           INOTE: Registered Agent signature         13.           IE         1.1 TITLE           1.2 NAME         1.3 STREET ADDRESS           IE         1.4 City-SI-ZiP           IE         2.1 TITLE           2.2 NAME         2.1 MARE</td><td>s board of directors.</td><td>I hereby accept the app</td><td>DATE</td><td>nging its re registered DIRECTO</td><td>egistered office agent. I am RS IN 12</td></t<>	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. ILF AMF IREL ADDRESS ITY-ST-ZIP ILE IAME	IAR FL 32579 In the provisions of Sections & red agent, or both, in the State th, and accept the obligations Structure, typed or prefet name of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B	e of Florida. Such change was an of, Soction 607.0505, Florida S level agent and the it applicate E RS AND DIRECTORS DELET K AY FL 32548	84         Orty           Statutes, the above-named uthorized by the corporation tatutes.         Invote: Registered Agent signature           INOTE: Registered Agent signature         13.           IE         1.1 TITLE           1.2 NAME         1.3 STREET ADDRESS           IE         1.4 City-SI-ZiP           IE         2.1 TITLE           2.2 NAME         2.1 MARE	s board of directors.	I hereby accept the app	DATE	nging its re registered DIRECTO	egistered office agent. I am RS IN 12
SIT1-ST-2P       34 CITY-ST-2P         HLF       DELETE       4.1 TrULE         AMM       42 NAME         SIRET ADDRESS       43 STREET ADDRESS         UTY_SI-ZP       44 CITY-ST-ZP         UTY_SI-ZP       44 CITY-ST-ZP         UTY_SI-ZP       0ELETE         DELETE       5 TITLE         DELETE       5 TITLE         SIRET ADDRESS       53 STREET ADDRESS         UTY_SI-ZP       Change         Addition       52 NAME         SIRET ADDRESS       53 STREET ADDRESS         UTY_SI-ZP       54 CITY-ST-ZP         UTY_SI-ZP       54 CITY-ST-ZP         DELETE       51 TITLE         DELETE       51 TITLE         SIRET ADDRESS       53 STREET ADDRESS         UTY_SI-ZP       54 CITY-ST-ZP         DELETE       6.1 TITLE         DELETE       6.1 TITLE         SIRET ADDRESS       63 STREET ADDRESS         SIRET ADDRESS       63 STREET ADDRESS         DTY_SI-ZP       64 CITY_SI-ZP         CTARE       64 CITY_SI-ZP         CTARE       63 STREET ADDRESS         SIRET ADDRESS       63 STREET ADDRESS         DTY_SI-ZP       64 CITY_SI-ZP <td>SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. III F AMF IREL ADDRESS ITY-ST-ZIP III F IAME SIMEL ADDRESS ITY-ST-ZIP</td> <td>IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,</td> <td>e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELET K AY FL 32548 [] DELET AY FL 32548</td> <td>84         Orty           Statutes, the above-named uthorized by the corporation tatutes.         Invote: Registered Agent signature           INOTE: Registered Agent signature         13.           IE         1.1 TiTLE           12 NAME         1.3 STREET ADDRES           14 City:-S1-ZiP         2.1 TITLE           2 NAME         2.3 STREET ADDRES           2.4 City:-S1-ZiP         2.4 City:-S1-ZiP</td> <td>s board of directors.</td> <td>I hereby accept the app</td> <td>DATE FICERS AND</td> <td>nging its re registered DIRECTO ] Change ] Change</td> <td>egistered office agent. I am RS IN 12 Addilion</td>	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. III F AMF IREL ADDRESS ITY-ST-ZIP III F IAME SIMEL ADDRESS ITY-ST-ZIP	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELET K AY FL 32548 [] DELET AY FL 32548	84         Orty           Statutes, the above-named uthorized by the corporation tatutes.         Invote: Registered Agent signature           INOTE: Registered Agent signature         13.           IE         1.1 TiTLE           12 NAME         1.3 STREET ADDRES           14 City:-S1-ZiP         2.1 TITLE           2 NAME         2.3 STREET ADDRES           2.4 City:-S1-ZiP         2.4 City:-S1-ZiP	s board of directors.	I hereby accept the app	DATE FICERS AND	nging its re registered DIRECTO ] Change ] Change	egistered office agent. I am RS IN 12 Addilion
HLF DELETE DELETE 4.1 Title Change Addition AMM 42 NAME 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP LLE DELETE 51 TITLE 52 NAME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP Change Addition 62 NAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP Change Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Change Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Change Addition	SHALIM 1. Pursoant I or register familiar wi SIGNATURE 2. IIIF AMF IREELADDRESS ITY-SI-7IP IIIE IMEELADDRESS ITY-SI-7IP IIIE	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELET K AY FL 32548 [] DELET AY FL 32548	84         Orty           Statutes, the above-hamed uthorized by the corporation tatutes.         INOTE: Reastered Agent signature           INOTE: Reastered Agent signature         13.           IE         1.1 TITLE           12 NAME         13 STREET ADDRES           14 CitY - S1 - ZiP         2 1 TITLE           22 NAME         23 STREET ADDRES           24 CitY - S1 - ZiP         24 CitY - S1 - ZiP           TE         3 TITLE	s board of directors.	I hereby accept the app	DATE FICERS AND	nging its re registered DIRECTO ] Change ] Change	egistered office agent. I am RS IN 12 Addilion
AMY 42 NAME 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP Change Addition Change Change Addition Change Chang	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 12. 14. 14. 14. 14. 14. 14. 14. 14	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELET K AY FL 32548 [] DELET AY FL 32548	84         City           Statutes, the above-hamed uthorized by the corporation tatutes.         13           INOTE: Registered Agent signature         13           IE         1.1 Tutle           13 STREET ADDRES         14 City - S1 - ZiP           TE         2 Tutle           2 NAME         3 STREET ADDRES           24 City - S1 - ZiP         3 STREET ADDRES           TE         3 Tutle           32 NAME         33 STREET ADDRES           33 STREET ADDRES         24 City - ST - ZiP	s board of directors.	I hereby accept the app	DATE FICERS AND	nging its re registered DIRECTO ] Change ] Change	egistered office agent. I am RS IN 12 Addilion
CUY_SI-ZIP       44 CITY-SI-ZIP         CUY_SI-ZIP       DELETE         DELETE       5 1 TITLE         NAME       52 NAME         STRELT ADDRESS       53 STREET ADDRESS         CUY_SI-ZIP       54 CITY-SI-ZIP         ITLE       DELETE         DELETE       5.1 TITLE         DELETE       5.1 TITLE         CUY_SI-ZIP       54 CITY-SI-ZIP         ITLE       DELETE         STRET ADDRESS       6.1 TITLE         CUY_SI-ZIP       6.3 STREET ADDRESS         CUTY_SI-ZIP       6.3 STREET ADDRESS         CUTY_SI-ZIP       6.3 STREET ADDRESS         CUTY_SI-ZIP       6.4 CITY_SI-ZIP	SHALIM or register familiar wi SIGNATURE 12. III.F AM7 SIGNATURE 14. III.F AM7 SIGEL ADDRESS SIGEL ADDRESS SIGEL ADDRESS SIGEL ADDRESS SIGEL ADDRESS SIGEL ADDRESS	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELE K AY FL 32548 [] DELE AY FL 32548 [] DELE	84         City           Statutes, the above-hamed uthorized by the corporation tatutes.         INOTE: Registered Agent signature           INOTE: Registered Agent signature         13.           IE         1.1 Tutle           12 NAME         13 STREET ADDRES           14 City - S1 - ZiP         2 NAME           23 STREET ADDRES         24 City - S1 - ZiP           TE         3 TITLE           32 NAME         33 STREET ADDRES           33 STREET ADDRES         24 City - S1 - ZiP	s board of directors.	I hereby accept the app	ITPOSE OF CHAIN DATE FICERS AND	nging its re registered DIRECTO Change	egistered office agent. I am RS IN 12 Addition
LE       DELETE       5.1 TITLE       Change       Addition         IAME       5.2 NAME       5.3 STREE1 ADDRESS       S3.5 STREE1 ADDRESS       S3.5 STREE1 ADDRESS         STREE1 ADDRESS       5.4 CITY-S1-ZIP       DELETE       6.1 TITLE       Change       Addition         ITLE       DELETE       6.1 TITLE       Change       Addition         ITLE       DELETE       6.1 TITLE       Change       Addition         ITLE       DELETE       6.1 TITLE       Change       Addition         ISTRET ADDRESS       6.3 STREET ADDRESS       6.3 STREET ADDRESS       Change       Addition         STRET ADDRESS       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP       For data Statutes. I further       If use hereing contribution stated in Section 119.07(30k), Florida Statutes. I further	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 12. 14. 14. 14. 14. 14. 14. 14. 14	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELE K AY FL 32548 [] DELE AY FL 32548 [] DELE	B4     City       Statutes, the above-named uthorized by the corporation tatutes.     13       INOTE: Registered Agent signature 13.     13       IE     1.1 Tritle 12 NAME 13 STREET ADDRES 14 City - S1 - ZiP       TE     2.1 Tritle 2 NAME 2 3 STREET ADDRES 24 City - S1 - ZiP       TE     3.1 Tritle 3 1 Tritle 3 2 NAME 3 3 STREET ADDRES 3.4 City - ST - ZiP       TE     3.1 Tritle 3.4 City - ST - ZiP       TE     4.1 Tritle	s board of directors.	I hereby accept the app	ITPOSE OF CHAIN DATE FICERS AND	nging its re registered DIRECTO Change	egistered office agent. I am RS IN 12 Addition
VAME 52 NAME 52 NAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY	SHALIM or register familiar wi SIGNATURE 12. ITE 12. ITE 14M6 STREELADDRESS ITY-ST-ZIP ITE 14M6 STREELADDRESS ITY-ST-ZIP ITE 14M6 STREELADDRESS ITY-ST-ZIP ITE 14M6 STREELADDRESS	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELE K AY FL 32548 [] DELE AY FL 32548 [] DELE	B4     Otty       Statutes, the above-named uthorized by the corporation tatutes.     INOTE: Registered Agent signature       INOTE: Registered Agent signature     13.       IE     1.1 TITLE       12 NAME     1.3 STREET ADDRES       14 CITY-SI-ZIP     2 1 TITLE       22 NAME     2 3 STREET ADDRES       24 CITY-SI-ZIP     3 1 TITLE       32 NAME     3.3 STREET ADDRES       34 CITY-SI-ZIP     1 TITLE       15 Z NAME     3.3 STREET ADDRES       34 CITY-SI-ZIP     1 TITLE       17 TIE     4.1 TITLE       4.2 NAME     4.3 STREET ADDRES	S board of directors.	I hereby accept the app	ITPOSE OF CHAIN DATE FICERS AND	nging its re registered DIRECTO Change	egistered office agent. I am RS IN 12 Addition
CITY-SI-7IP       54 CITY-SI-ZIP         ITTLE       DELETE         B 1 TITLE       Change         NAME       62 NAME         SIGET ADDRESS       63 STREET ADDRESS         CITY-SI-ZIP       64 CITY-SI-ZIP         14       Ldo proving continuition supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further	SHALIM or register familiar wi SIGNATURE 12. 11. 14. 11. 14. 14. 14. 14. 14. 14. 14	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELE K AY FL 32548 FL 32548 [] DELE AY FL 32548 [] DELE	B4     Orty       Statutes, the above-named uthorized by the corporation tatutes.     13.       INOTE: Registered Agent signature 13.     13.       IE     1.1 Tritle 1.2 NAME 1.3 STREET ADDRES 1.4 City-S1-ZiP       TE     2.1 Tritle 2.2 NAME 2.3 STREET ADDRES 2.4 City-S1-ZiP       TE     3.1 Tritle 3.2 NAME 3.3 STREET ADDRES 3.4 City-S1-ZiP       TE     4.1 Tritle 4.2 NAME 4.3 STREET ADDRES 3.4 City-S1-ZiP	S board of directors.	I hereby accept the app		nging its re registered DIRECTOI Change Change	egistered office agent. I am RS IN 12 Addition
IT LE DELETE 6.1 TITLE Change Addition VAM: STEET ADDRESS CITY-ST-ZIP CITY-ST-	SHALIN or register familiar wi SIGNATURE 12. III.F AM7 SIREL ADDRESS OTY-ST-702 III.F SIREL ADDRESS OTY-ST-702 III.F SIREL ADDRESS OTY-ST-702 III.F SIREL ADDRESS OTY-ST-702 III.F SIREL ADDRESS OTY-ST-702 III.F SIREL ADDRESS OTY-ST-702 III.F SIREL ADDRESS OTY-ST-702 III.F	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELE K AY FL 32548 FL 32548 [] DELE AY FL 32548 [] DELE	B4     Otty       Statutes, the above-named uthorized by the corporation tatutes.     INOTE: Registered Agent signature       INOTE: Registered Agent signature     13.       IE     1.1 TITLE       12 NAME     1.3 STREET ADDRES       14 City - S1 - ZIP     2 NAME       2 STREET ADDRES     24 City - S1 - ZIP       TE     3 TITLE       3 STREET ADDRES     24 City - ST - ZIP       TE     3 TITLE       3 STREET ADDRES       34 City - ST - ZIP       TE     4.1 TITLE       4.2 NAME       4.3 STREET ADDRES       4.4 City - ST - ZIP       TE     4.1 TITLE       4.2 NAME       4.3 STREET ADDRES       4.4 City - ST - ZIP       TE     5.1 TITLE	S board of directors.	I hereby accept the app		nging its re registered DIRECTOI Change Change	egistered office agent. I am RS IN 12 Addition
44ME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 751-ZIP 7	SHALIM 1. Pursuant I or register familiar wi SIGNATURE 2. III F AMF IREET ADDRESS III - ST- ZIP III F IAME III - ST- ZIP III F III F III - ST- ZIP III F III F III - ST- ZIP III F III F III - ST- ZIP III - ST- ZIP	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Section 607.0505, Florida S ERS AND DIRECTORS DELE K AY FL 32548 FL 32548 [] DELE AY FL 32548 [] DELE	B4     City       Statutes, the above-named uthorized by the corporation tatutes.     13.       INOTE: Registered Agent signature 13.     13.       IE     1.1 TITLE       12 NAME     1.3 STREET ADDRES       14 City - S1 - ZIP     2 NAME       23 STREET ADDRES     2 4 City - S1 - ZIP       TE     3 1 TITLE       32 NAME     3 STREET ADDRES       34 City - S1 - ZIP       TE     3 1 TITLE       32 NAME       33 STREET ADDRES       34 City - S1 - ZIP       TE     4 1 TITLE       42 NAME       43 STREET ADDRES       44 City - S1 - ZIP       TE     5 1 TITLE       52 NAME       53 STREET ADDRES	S board of directors.	I hereby accept the app		nging its re registered DIRECTOI Change Change	egistered office agent. I am RS IN 12 Addition
64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP	SHALIM II. Pursuant I or register familiar wi SIGNATURE II.F	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Soction 607.0505, Florida S level agent and the it aquicate ERS AND DIRECTORS DELET K AY FL 32548 DELET AY FL 32548 DELET DELET DELET	B4     Otty       Statutes, the above-named uthorized by the corporation tatutes.     INOTE: Registered Agent signature       INOTE: Registered Agent signature     13.       IE     1.1 TITLE       12 NAME     1.3 STREET ADDRES       14 City - S1 - ZIP     2 NAME       23 STREET ADDRES     24 City - S1 - ZIP       TE     3 TITLE       32 NAME     33 STREET ADDRES       34 City - ST - ZIP       TE     4.1 TITLE       4.1 TITLE       4.2 NAME       4.3 STREET ADDRES       34 City - ST - ZIP       TE     4.1 TITLE       4.1 TITLE       5 NAME       5 STREET ADDRES       44 City - S1 - ZIP       TE     5 TITLE       5 NAME       5 STREET ADDRES       44 City - S1 - ZIP	S board of directors.	I hereby accept the app		nging its re registered DIRECTO Change Change Change	egistered office agent. I am RS IN 12 Addition Addition
14 L do bareby certify that the information supplied with this files is voluntarily funcished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further	SHALIM II. Pursuant I or register familiar wi SIGNATURE IZ. III.F IAM SIREL ADDRESS OTY - ST- ZIP III.F STREET ADDRESS OTY - ST- ZIP III.F	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Soction 607.0505, Florida S level agent and the it aquicate ERS AND DIRECTORS DELET K AY FL 32548 DELET AY FL 32548 DELET DELET DELET	B4     City       Statutes, the above-named uthorized by the corporation tatutes.     13.       INOTE: Registered Agent signature 13.     13.       IE     1.1 TITLE       12 NAME     1.3 STREET ADDRES       14 City - S1-ZiP     2       IE     2.1 TITLE       2 NAME     2.3 STREET ADDRES       2 4 City - S1-ZiP     3.1 TITLE       3 3 STREET ADDRES     3.4 City - S1-ZiP       TE     3.1 TITLE       3 4 City - S1-ZiP       TE     4.1 TITLE       4.2 NAME       4.3 STREET ADDRES       4.4 City - S1-ZiP       TE     5.1 TITLE       5.3 STREET ADDRES       4.4 City - S1-ZiP       TE     5.1 TITLE       5.3 STREET ADDRES       5.4 City - S1-ZiP       TE     5.1 TITLE	S board of directors.	I hereby accept the app		nging its re registered DIRECTO Change Change Change	egistered office agent. I am RS IN 12 Addition Addition
	SHALIM II. Pursuant I or register familiar wi SIGNATURE IZ. III.F	IAR FL 32579 In the provisions of Sections 6 red agent, or both, in the State th, and accept the obligations Striction, breet or profed hand of react OFFICE D MOREKIS, CHARLES 36 SE EGLIN PARKW, FT WALTON BEACH I D MOREKIS, MARIA B 36 SE EGLIN PARKW,	e of Florida. Such change was an of, Soction 607.0505, Florida S level agent and the it aquicate ERS AND DIRECTORS DELET K AY FL 32548 DELET AY FL 32548 DELET DELET DELET	B4     City       Statutes, the above-named uthorized by the corporation tatutes.     13.       INOTE: Projectorial Agent signature     13.       IE     1.1 THE       12 NAME     13 STREET ADDRES       14 City - S1 - ZIP     2 I THE       IE     2 I THE       2 A CITY - S1 - ZIP       IE     3 STREET ADDRES       2 4 CITY - S1 - ZIP       IE     3 STREET ADDRES       2 4 CITY - S1 - ZIP       IE     3 STREET ADDRES       3 4 CITY - S1 - ZIP       IE     4 I THE       3 3 STREET ADDRES       3 4 CITY - S1 - ZIP       IE     4 I THE       4 3 STREET ADDRES       4 4 CITY - S1 - ZIP       IE     5 I THE       5 1 THE       5 1 THE       5 2 NAME       5 3 STREET ADDRES       5 4 CITY - S1 - ZIP       IE     6 I THE       6 3 STREET ADDRES       6 3 STREET ADDRES	S board of directors.	I hereby accept the app		nging its re registered DIRECTO Change Change Change	egistered office agent. I am RS IN 12 Addition Addition