	ALL INSTAUCTIONS	DEFURE (	JUMPLETING THE	Sc OHM
APPLICATION -	FLORIDA DEPARTME		1	
	Katherine H	arris	:	
BANKARWEN	Secretary of	State	1	
THE MOTATE MENO	DIVISION OF CORPO	PATIONS	Lie mrs	ES
DOCUMENT # 893000052649 =			PAISION OF	RYOF STATE CORPORATIONS
Corporation Name			oo why.	
411 AUSTRIALIAN AVENUE, INC.			UU FYAY I	II AM 8:46
Principal Place of Business Mailing Address			,	
2001 PALM BRACH LANGES BLUD - SUITE				
WEST PACH BEACH, FL 33409				
If above addresses are incorrect in any way, line thi	ough incorrect information and enter	correction below.		
2. New Principal Office Address, If Applicable SAME AS ABOUT	S. New Mailing Office Address, It	Applicable	Date Incorporated or Quali     To Do Business in Florida	fied LAAA
Suite, Apt. #. etc.	Suite, Apt. #, etc.		5. FEI Number	1775
City & State	City & State		65-052	7276 Applied For
Zip Country	Zip Count	<u>ं । । । । । । । । । । । । । । । । । । ।</u>	6.	0.75
7. No.			CERTIFICATE OF STATUS DE	for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers		ations must list at least eet Address of Each	st 3 directors)	
Title(s) and/or Directors	- · · ·   · · · · · · · · · · · · ·	ficer and/or Director se Post Office Box N		City / State / Zip
PRES	2001 PM	UI BRARD	AUE EUN	3.2409
STER KLEHAMUS DANTON	J 'S	VITE 201	B WEST	PAIN BEACH TR
		· · · · · · · · · · · · · · · · · · ·	<del>- 500003</del> ;	<del>2713450</del>
			-05/31	/0001017017
				58.75 <b>***</b> *158.75
			1011	
			1/1/2/24/00	**
			7 ,	
8. Name and Address of Current F	egistered Agent	1	9. Name and Address of New	Parietored Areat
Name			CA	r negistered Agent
RICHARD DANTON SI			O. Box Number is Not Acceptab	le)
2001 PAWN STACH LAKES BWS 5				<u> </u>
	र्रात्र€ थ्यु	Suite, Apt. #, Etc.		
WAST DAWN BEACH, FL	37409	City	<b>X</b> 4	State Zip Code
10. I, being appointed the registered agent of the above	e named corporation, am familiar wit	h and accept the obli	gations of Section 607.0505, F.S	S.
Signature of Registered Agent Date 9-16-99				
REC	GISTERED AGENT MUST SIGN		***************************************	
11. This corporation owes the current year				See other side for information
Intangible Personal Property Tax due June 30. Yes No No No intangible tax.)				
12.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when Illing				
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119 07(2)(i) E.S. The information indicates.				
on this application is tree and accurate, and my signature shall have the same legal effect as it made under oath.				
XXXX District To the second of				
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
SIGNATORIS AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:  Date Dayteme Phone #.				

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