## R MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9300071535  ASSOCIATED PROPERTY AND BUSINESS SERVICES INC.					01-28-1999 90020 047 ***150.00		
Pr	Principal Place of Business Mailing Address					1 148 / 168 118 18 18 18 18 1 1 1 1 1 1 1 1 1 1	1111 1981
1667 BROOKHOUSE CIRCLE 1667 BROOKHOUSE CIRCLE							
U-129 U-129 CAPACOTA EL 24224						DO NOT WRITE IN THIS SPACE	
SARASOTA FL 34231 SARASOTA FL 34231						3. Date Incorporated or Qualifed	. 1
						10/15/1993	:
2.	Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number Applied	For
21	26					65-0441015 Not Appl	licable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Addition	
22	27					Fee Required	
23	ony a otato	28				6. Election Campaign Financing Trust Fund Contribution Added to Fee	
	Zip				ntry	8. This corporation owes the current year Intangible Personal Property Tax.	
24		9. Name and Address of Current.		30		Personal Property Tax. Yes No.  10. Name and Address of New Registered Agent	)
-		5. Name and Address of Current.	Negistered Agent		81 Name	10. Name and Address of New Registered Agent	
BEAVON, ALFRED N ASS 1667 BROOKHOUSE CIRCLE				-		rece (P.O. Pey Alumber is Not Associable)	
					51 Street Addi	ress (P.O. Box Number is Not Acceptable)	100 1016
	. UNIT 129 SARASOTA FL 34231			83 ·			1
	SANAS	OUTA FE 04201		ŀ	84 City	<b>■ 85</b> Zip Code	741 1 1 3 1
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
		familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statu	tes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when						d when reinstating) DATE	_ ·
12	<del>_</del>	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
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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.

6.2 NAME

5.4 CITY-ST-ZIP 6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP, '

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

) 1/8/99

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

941-966-3944 Daytime Phone #

☐ Change

Addition

CR2E034 (11/98)