OCUMENT # P94000014534 (9) Copported in Name LAWRENCE P. KUVIN & ASSOCIATES, P.A. Includ Flace of Business Status Status <th>COR ANNU</th> <th>Profit Reoration Jal Report</th> <th>ING FEE AFTER</th> <th>FLORIDA DEPA Sandra I Secreta</th> <th>RTMENT OF STATE B. Mortham ary of State</th> <th>Feb 1</th> <th></th> <th>7 8:00</th> <th></th>	COR ANNU	Profit Reoration Jal Report	ING FEE AFTER	FLORIDA DEPA Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State	Feb 1		7 8:00	
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Norms, Lownex P 2161 S. HATUS RD. DAVE FL 33325 Provide the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the uppose of changing its registered agent. I an itematic with, and accept the obligations of Section 607 0505. Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I an itematic with, and accept the obligations of Section 607 0505. Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent. I an itematic with, and accept the obligations of Section 607 0505. Florida Statutes, the appointment as registered agent. I an itematic with, and accept the obligations of Section 607 0505. Florida Statutes, advance to provide the appointment as registered agent. I an itematic with and accept the obligations of Section 607 0505. Florida Statutes, advance to provide the appointment as registered agent. I an itematic with and accept the obligations of Section 607 0505. Florida Statutes, advance to provide the appointment as registered agent. I an itematic with and accept the obligations of Section 607 0505. Florida Statutes, advance advance to provide the appointment as registered agent. I an itematic with and accept the obligations advance advance to provide the appointment as registered advance to provide the appointment as registered advance		9, Name and Addr		Agent			New Registered	i Agent	
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REET ADDRESS IY-SI-ZIP 6.3 STREET ADDRESS 64 CITY-ST-ZIP 6.1 do 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 or or provide corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	GNATURE	Signature typest or printed new D KUMN, LAWRENC 2151 S. HIATUS F	tie of registered agent and tills if applied of the property o	Cabre (NC IS DELETE DELETE DELETE DELETE DELETE	Ites, the above-named of authorized by the corp florida Statutes. TE Registered Agent egnature in 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	equired when reinstating)	tor the purpose by accept the ap DATE O OFFICERS AN		pistered stered 12 Addition Addition Addition
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I. I do 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 an on officer or officient of this 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 th changed, or on an attachment with an address.	IGNATURE 2. TILE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME	Signature typest or printed riam D KUMN, LAWRENC 2151 S. HIATUS F	tie of registered agent and tills if applied of the property o	Cabre (NC IS DELETE DELETE DELETE DELETE DELETE	Ites, the above-named of authorized by the corp ilorida Statutes. TE Registered Agent egnature to 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY-ST-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME	equired when reinstating)	tor the purpose by accept the ap DATE O OFFICERS AN		pistered stered 12 Addition Addition Addition
I am an officer or offector 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 the changed, or on an attachment with an address.	IGNATURE 2. ILE AME IREET ADDRESS IY-ST-ZIP ILE AME IREET ADORESS IY-ST-ZIP ILE INF	Signature Typest so pranted new C KUVIN, LAWRENC 2151 S. HIATUS F DAVIE FL 33325	te d' registered agent and tille if appli OFFICERS AND DIRECTOR XE P RD.	Cabre (NC IS DELETE DELETE DELETE DELETE DELETE DELETE	Ites, the above-named of authorized by the corp lorida Statutes. TE Registered Agent egnature in 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	equired when reinstaling) ADDITIONS/CHANGES T	tor the purpose by accept the ap DATE O OFFICERS AN		pistered stered 12 Addition Addition Addition Addition
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