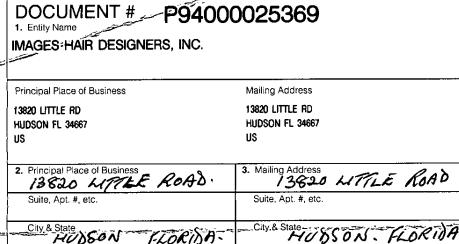
## Apr 08, 2002 8:00 am \$\frac{8}{2}\$ Secretary of State

E CONTINUE DE CENTE DE LA SECONA DE LA CENTE ESTADA CARRA CINA DE LA CENTE DE LA CENTE DE LA CENTE DE LA CENTE



Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

2. Principal Place of Busin	less LE ROAD.	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	FLORINA.	City & State—City & State	ON. FLORIDA	7 4.7 FE! Number 59-3241751		Applied For Not Applicable			
Zip 34667	Country	Zip34667	Country	5. Certificate of Status Desired	11 7	8.75 Additional ee Required			
6. Name	and Address of Current		7. Name and Address of New Registered Agent						
COLE, GORDON 430 PORTLAND AVE			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)					
SPRING HILL FL 3460	16		City		FL	Zip Code			
8. The above named entit	y submits this statement for	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Flori	ida.				

		Pree will be \$550.00 to Department of State				Added to Fees				
11. OFFICERS AND DIRECTORS			12.	ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DP	☐ Delete	TITLE			Change	☐ Addition			
NAME	COLE, WANDA		. NAME							
	430 PORTLAND AVENUE		STREET ADDRESS							
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP							
TITLE	DST	☐ Delete	TITLE			Change	Addition			
	COLE, GORDON		NAME				}			
- STREET ADDRESS -	430 PORTLAND AVENUE	<del>ن به رحمت سند</del> بدر در	- d IIICET ADDITEGO	ستعدي وساء من ادر	تعطفت بندياه الهامية الماسيدي بمنيدي					
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP			<del></del>				
TITLE	•	☐ Delete	TITLE			Change	☐ Addition			
NAME			NAME				f			
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			Change	☐ Addition			
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME			NAME							
STREET ADDRESS			STREET ADDRESS				Ì			
CITY-ST-ZIP			CITY-ST-ZIP							

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE