Suite, Apt #, etc.    Suite, Apt #, etc.	COF	PROFIT RPORATION UAL REPORT		ra B. Morth etary of Sta	am te		
1400 WILLMANS ROAD   P.O. BOX 2466   PLANT CITY FL 33585   PLANT CITY FL 33585 2486	1. Corporation	on Name	•	2)		1 HANIJAN 188 INNI BANI BANI BANI	ÖJH ÖSGII ANDIN ANDIN SARIN GARIN GARIN
PLANT CITY FL 33565  PLANT CITY FL 33565  PLANT CITY FL 33565 4666  3. Date incorporated or Qualified 08/10/1995  2a. Mailing Address	Principal Plac	e of Business	Mailing Address	<del></del>			
Company   Place of Eusiness   2a   Mailing Address   2a   Mailing Address   4. FEE Number   Applied   Ap				-2466			
Suite, Apt #, etc.	0 District					06/20/1994	
Suite. Apt #, etc.    Suite. Apt #, etc.   Suite. Apt #, etc.	z. Principal P	face of Business					Applied For
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   Zip   Zip   Country   Zip   Zip   Country   Zip   Zi	Suite, Apt	#, etc.	Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·			\$8.75 Additional
Zip Country Zip Country Zip Country 8. B. This corporation has liability for intangible tax under s 1990  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name 1403 WILLIAMS ROAD PLANT CITY FL 33565  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes 12. Name 12.	¬ ´	е	City & State			6. Election Campaign Financing	\$5.00 May Be
9. Name and Address of Current Registered Agent  SPARKMAN, MICHAEL B 1403 WILLIAMS ROAD PLANT CITY FL 33565  82 Street Address (P.O. Box Number is Not Acceptable)  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 register adjector or registered agent. I am families multiple control of the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above named corporation submits this statement for the purpose of changing its register adjector or registered agent. I am families multiple control of the purpose of changing its register adjector or registered agent. I am families multiple control of discost provided provided provided agent and the language was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and the language was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent by the corporation's board of directors. Thereby accept the appointment as registered agent by the corporation's board of directors. The appointment as registered agent by the corporation's board of directors. The appointment as registered agent by the corporation's board of directors. The appointment as registered agent by the corporation's board of directors. The appointment as registered agent by the corporation's board of directors. The appointment as registered agent. The appointment as registered agen	Zip	<b></b> ,		Co	untry		intangible tax under s 199 032.
SPARKMAN, MICHAEL B 1403 WILLIAMS ROAD PLANT CITY FL 33565  84					T	Florida Statutes	Yes No
PLANT CITY FL 33565  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules the above named corporation submits this statement for the purpose of changing its register of agent 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statules  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. THILE  PARKMAN, MICHAEL B  1403 WILLIAMS ROAD  PLANT CITY FL 33565  DELETE  11 THILE  12 TITLE  13 THE  1403 WILLIAMS ROAD  PLANT CITY FL 33565  DELETE  13 THE ADDRESS  22 NAME  23 SIREFI ADDRESS  24 CITY-ST-ZIP  INTEL  MAKE  32 STREET ADDRESS  34 CITY-ST-ZIP  INTEL  AMAGE  33 STREET ADDRESS  34 CITY-ST-ZIP  INTEL  AMAGE  34 CITY-ST-ZIP  INTEL  Change  AMAGE  42 NAME  43 STREET ADDRESS  34 CITY-ST-ZIP  INTEL  Change  AMAGE  43 STREET ADDRESS  34 CITY-ST-ZIP  INTEL  AMAGE  34 CITY-ST-ZIP  INTEL  Change  AMAGE  44 CITY-ST-ZIP  INTEL  AMAGE  45 STREET ADDRESS  34 CITY-ST-ZIP  INTEL  AMAGE  35 STREET ADDRESS  34 CITY-ST-ZIP  INTEL  AMAGE  45 STREET ADDRESS  35 STREET ADDRESS  36 STREET ADDRESS  37 STREET ADDRESS  37 STREET ADDRESS  37 STREET ADDRESS  37 STREET ADDRESS  38 STREET ADDRESS  39 STREET ADDRESS  31 STREET ADDRESS  32 STREET ADDRESS  33 STREET ADDRESS  34 CITY-ST-ZIP  INTEL  Change  AMAGE  45 STREET ADDRESS  46 CITY-ST-ZIP  INTEL  Change  AMAGE  47 STREET ADDRESS  47 CITY-ST-ZIP  INTEL  Change  AMAGE  48 STREET ADDRESS  47 CITY-ST-ZIP  INTEL  CHANGE  48 CITY  ADDRESS  ADDRE	SPA				81 Name		Store Agent
B3					82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
III. 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 register of the original agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Theretry accept the appointment are registered agent, and accept the objection 607 0505. Florida Statutes  SIGNATURE	PLANT CITY FL 33565				had		
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 register 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 applications of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATU					63		
SIGNATURE    MICHAEL   Study   State							85 Zip Code
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes further certify that the information indicated on this applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes	SIGNATURE  12.  ITHE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITHE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITHE  ITHE	MICHAEL Signature, typed of purifich name of region OFFICE P SPAKMAN, MICHAEL B 1403 WILLIAMS ROAD	BILLS  SPANA  Itered agent and refer it applicable  (RS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	11 11 12 N 23 S S S S S S S S S S S S S S S S S S	B4 City  Dove-named corporations by the corporations of the corporations of the corporation of the corporati	USILETT	Late Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-22-96 (8/3)759-0493