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Principal Place of Business Mailing Address					_			SECRETARY OF STATE					
4515 ARMY LAWE P.O. BOX 13526 TALLAMASSER, FL TALLAMASSER FL								TALLA	HASSEE	FLOR	IDA		
() ()		-308		()									
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				_					
			_					_	DO NOT WRITE IN THIS SPACE				
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City & State				City & State				4. FEIN	Number ー <u></u> るこ	5111	3	\vdash	opplied For Not Applicable
Zip ·	C	Country		Zip		Countr	у	5. Certi	ficate of Stati	us Desired		\$8.75 Ac	
ے ۔		Address of C			ent	<u> </u>		7. Nam	e and Addre	ss of New R	egistered	<u>'</u>	
DEAN C. KOWALL USIS ANGGLE			ALCI	MYK			Name 	_					
451	5 AM	67 LE	4	anE			Street Addres	ss (P.O. Box N	lumber is Not	Acceptable)		
TAL	LAMA	SSEE,	F2							-			
				323	08		City				FL	Zip Cor	de
3. The above	named entity sul	bmits this state	ment for	the purpose of	f changing its	registered	office or regis	stered agent,	or both, in the	State of Flo	rida.		
	named entity sul	bmits this state	ment for	the purpose of	f changing its	registered	d office or regis	stered agent,	or both, in the	State of Flo	rida.		
	named entity sul					,	d office or regis			State of Flo	orida. DATE		
SIGNATURE _ 9. This corpo Tax filing re		nted name of register to satisfy its Inta	red agent an	d title if applicable.	(NOTE FILE NOW!	Registered /	Agent signature requ	uired when reinstat	ng) 0. Election C		DATE ancing	7	00 May Be
SIGNATURE _ 9. This corpo Tax filing re (See criter	Signature, typed or printed or printed or action is eligible sequirement and exia on back)	nted name of register to satisfy its Inte elects to do so. OFFICER.	ed agent an	d title if applicable.	(NOTE FILE NOW!	Registered /	Agent signature requ 3 \$150.00 18 be \$550.00	uired when reinstate	ng) 0. Election C	ampaign Fin Contribution	DATE ancing	Adde	d to Fees
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

05/17/00

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DEPARTMENT OF STATE
DEVISEON OF COMPONATIONS

CAN OFFICES OF DEAD C. KOWALCHUR, P.A.

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THANK YOU,

DEAN C. ROUAUHUK