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S. Name and Address of Current Registered Agent  NEN MAN MRUIN  CLO JOURISHS EXHAUS  REST DESCRIPTION	s 199.032,	□ No	Florida Statutes	Country	Zip 3/3180 3	Country 25	Zip m 35/
REST OFFICERS AND DIRECTORS   13   11   11   11   11   11   11   1		egistered Agent	0. Name and Address of New I	81 Name	gistered Agent	9. Name and Address of Current R	
T. 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  IGNATURE    OFFICERS AND DIRECTORS		le)	P.O. Box Number is Not Acceptal			MAN MARDIN	Nen
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14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.075/K/, Hold and a courted and that the information proficed on this aprilual-feport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as certify that I am an officer of the expropration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and coath; that I am an officer of director of the expropration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and appears in Block 12 or Block 13 if changed, or on an attachment with an address  SIGNATURE:    Chapter 607   Florida Statutes   Chapter 607   Florida Chapter	ge Addition  ge Addition  ge Addition  ge Addition  ge Addition  ge Addition	DATE	SOCO 17 -04/18/9601 ***200.00	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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP 7.5 TITLE 7.5 NAME	O7.0505, Florida Statutes.  INOTE: RECTORS DELETE DELETE DELETE DELETE DELETE	Signature, typed or printed name of registered agent and OFFICERS AND INCOME TO STATE OF THE STA	Or registere familiar with a miliar with a m