FILE NOW: FILING FEE IS \$61.25

407-941-7945 hoobel

1	IONPROFIT		FLORIDA DEPA	RM	Jul 22 1998	8 8:00am
1	PRPORATION IUAL REPORT		Sandra I		Secretary of State	
1998 DIVISION OF COR ORATION					Secretary	of State
DOCUMENT # POSCODO OO 6344						
Nonjemental None Control of the Cont						
Principal Pla	CNXISE age of Business	HOME	- Kanal			
POLBOX 6801/2					1910-11	
850 N. HALT BAN. ONOMO					3. Date Incorporated or Qualified.	ac
0 11 up 7/0/1/122019 Flording 308 680172					4. FEI Number	Applied For
2. Principal	Place of Business	FIONIC	2a. Malling Address		21-3360601	Not Applicable
21			26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt	t. #, etc		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Sta	ate		City & State		7. Is this nonprofit corporation a homeowners association?	
23 Z _I p	Co	ountry	28	Country	Yes This corporation owes or has paid the cu	No No
24	25		29	30	Personal Property Tax due June 30.	¥ Yes □ No
a		ddress of Current I	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
DRAMPTY THMES						
SKU N HARTISKS ON, 14. SOSIY						
Vrogie JAMES						
800 No /ART Blil C. V. 21. 3:38-77 84 City FL 85 Zip Code						
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE						
12.	Signature typed or printed	I name of registered agent a		Registered Agent signature requir		
TITLE	Presente	OFFICERS AND D	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
NAME		H JAMI	r-e-	1 2 NAME		_ shallon
STREET ADDRESS	63 11 1/3	101 27.1	08/1/32818	1 3 STREET ADDRESS		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
CITY-ST-ZIP TITLE	main z	THELE	DELETE	1.4 C(TY - ST - Z(P) 2.1 T(TLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		, , , , , , , , , , , , , , , , , , ,		2.2 NAME		_ ,
STREET ADDRESS	1			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Sec.		☐ DELETE	2. 4 City - St - ZIP 3.1 TITLE		Change Addition
NAME	11-8616 C	THMIS	011	3.2 NAME		_ starter _ starter
STREET ADDRESS	830 1	THNES 1/11/2/ 1. 338/8	N NO	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V 0/ X1	· 338/8	DELETE	3.4. CITY-ST-ZIP		Change Andiron
NAME			-	4. 2 NAME		A TOURISIT
STREET ADDRESS				4.3 STREET ADDRESS	•	4/1/22
CITY-ST-ZIP TITLE		-	DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		
NAME			C. Siccia	5.2 NAME	9000025995	Change
STREET ADDRESS				5.3 STREET ADDRESS	-07/27/98011070	-25
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CITY - ST - ZIP	***80.00	
NAME			□ PELCIE	6.1 TITLE 6.2 NAME	9000025995	Change Addition
STREET ADDRESS				63 STREET ADDRESS	-07/27/98011070	
CITY-ST-ZIP	certify that the inform	ation supplied with t	his filing does not qualify for	6.4 CiTY-ST-ZIP	***70.00	
14. I hereby certify that the information supplied with this filling 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in						
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 director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:						
SIGNAT	HDE.	Monal			120 108 100 000 3	0/