FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT #ORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Apr 23 1997 8:00am

DO L COL	1997	A STATE	DIVISION OF C	y of State ORPORATIONS	Secretary	y of S	tate
	CUMENT #P950						
1	XANADU SPEC,	INC.				·	
Primjr	oal Flace of Business	Mailing	Address				
3315	Perimeter Road	1 SW	Osceola S	Street			
Pa1m	City, FL 34990	Suit		-			
		Stua	rt, FL 349	994-2117	February 24, 1995 2	a. Date of Last F 2-24-95	Report
2. Prir	ncipal Place of Business	} 	ing Address		4. FEI Number		oplied For
21	In A.t. M. alo	26 Suite	e, Apt. #, etc.				ot Applicable
22	te. Apt. #. etc	27	э, мр. #, екс.		5. Certificate of Status Desired		Additional equired
	y & Slate	28	& State		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζiρ 24	Count	Zip		Country 30	8. This corporation has liability for intan	ngible tax under s as X No	. 199.032.
		es of Current Registered			10. Name and Address of New Registe	ered Agent	
[Steven L. Perr	v D A		81 Name			
	1 SW Osceola S			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	Suite 2	,01000		83			······································
	Stuart, FL 349	94-2117					
	,			84 City		85 Zip	Code
11, PL	ursuant to the provisions of Sec fice or registered agent, or both pent. I am familiar with, and acc	tions 607.0502 and 607.15	08. Florida Statute uch change was au tion 607.0505, Flor	s, the above-named cor uthorized by the corpora ida Statutes	poration submits this statement for the purposition's board of directors. I hereby accept the	ose of changing it e appointment as	ts registered registered
i	TATOR:						
SIGHA	Signature, typed or printed name	or registered agent and title it apple		Registered Agent signature requ	uind when renstating) ()	ĀĪĒ .	
SIGN#	Signature Typied or printed name	or registered agent and title if appli OFFICERS AND DIRECTOR	S	Registered Agent signature requ		ATT S AND DIRECTOR	7S IN 12
SIGHA 12.	Signature typed or provide name C	FFICERS AND DIRECTOR		Registered Aport signature required 13.	uind when renstating) ()	ĀĪĒ .	
SIGNA 12. IIIII	Director Mark Sovere	FFICERS AND DIRECTOR	S	Flogistered Agent signature required 13. 11 TITLE 12 NAME	uind when renstating) ()	ATT S AND DIRECTOR	7S IN 12
SIGNA 12. UIII NAME SIPILI A	Director Mark Sovere 3315 Perime	OFFICERS AND DIRECTOR 1 Ler Road	S	Registered Aport signature required 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	uind when renstating) ()	ATT S AND DIRECTOR	7S IN 12
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appears in Block 12 or Block

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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