FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

1996		a B. Mortham stary of State = CORPORATIONS			
	00017981 (8	3)			
COCKNEY REBEL, INC.					
ncipal Place of Business	Mailing Address			EBĀR OPIOLIUMI IDAID IDA	I KONDA NIGH KUDI
92 4TH STREET NORTH T. PETERSBURG FL 33704					
			3. Date incorporated or Qualified 03/06/1995	3a. Date of Last R	leport
Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc	Suite, Apt. #, etc.		59-3299		Not Applicab
	27]		5. Certificate of Status Desired		Additional Required
Dity & State	City & State		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
φ Country	Zip 29	Gountry 30	8. This corporation has liability for i	intangible tax under s No	199.032,
g. Name and Address of Curr			10. Name and Address of New R		
Brabant, f t		81 Name			
1492 4TH STREET NORTH		82 Street Add	lress (P.O. Box Number is Not Acceptab	ele)	
ST. PETERSBURG FL 33704		63			
		B4 City		FL 85 Zi	p Code
Pursuant to the provisions of Sections 607.05	i02 and 607.1508, Florida Statut	es, the above named corno	ration automita this statement for the sur-	concept changing its	enistered offi
familiar with, and accept the obligations of, Se	orida. Such change was authoriz	zed by the corporation's boa	and of directors. Thereby accept the appoint	pose of changing its r pintment as registered	l agent. I am
or registered agent, or both, in the state of Fig familiar with, and accept the obligations of, Se NATURE Signalize typed or printed name of registers ag	orida. Such change was authorized ion 607.0505, Florida Statutes extend the Happicable (NO	zed by the corporation's boa S. DTE: Registered Agent signature require	ard of directors. I hereby accept the appointment of directors.	DATE	l agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRABANT