FILE NOW: FILING	FLORIDA D Sar Se	1. IS \$225.00 DEPARTMENT OF STATE India B. Mortham Decretary of State N OF CORPORATIONS			
DOCUMENT # P9600 N.y. D. C, I	00 19790 NC.				
Principal Place of Business 1380 GUFB/VD S CLEARWATER FL	Mailing Address	180 Gulf Blo \$508 Leapuration 7 1	2	3a. Date of I	ast Report
LIT	39630	15D 3467	3. Date Incorporated or Qualified	Sa. Date of	
Principal Place of Business	2a. Mailing Addres	SS	4. FEI Number	1	Applied For Not Applicable
	26 Suite, Apt. #, e	MC.	5. Certificate of Status Desired		8.75 Additional
Suite. Apt. #, etc	27				Fee Required \$5.00 May Be
City & State	City & State		Election Campaign Financing Trust Fund Contribution		Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for Florida Statutes Yes	intangible tax	under s. 199 032,
9. Name and Address of C	29 Current Registered Agent	30	10. Name and Address of New R	egistered Age	nt
C/EAR WA FEN F 1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent, i am familiar with, and accept the	07.0502 and 607.1508, Florid	a Statutes, the above-named coge was authorized by the corpor. 5505, Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby according	PL	anging its registered tment as registered
SIGNATURE Signature Typed or printed name of regis		(NOTE Hegistered Agent signature req	ured when reinslating)	DATE	
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND D	Change Addition
ITLE PRESIDENT STEVE VA STREET ADDRESS PRO GUÍS	10cs #508	1 2 NAME 13 STREET ADORESS			
GITY-ST-ZIP CLEAR WES FOR	7/ 34630			Ţ	Change Addition
STREET ADDRESS CITY ST- ZIP HTLE NAME	DE	2 4 CITY - ST - ZIP			Change Addition
STREET ADDRESS		3 3 STREET ADDRESS 3 4 CITY-ST-ZIP			100
CITY ST-ZIP TITLE NAME	DE				Change Addition
STREET ADDRESS CITY - ST - ZIP	T Cou	4.4 CITY-ST-ZIP	- / 900003 2	ू जिल्लाहरू	Change Additio
TILLE NAME STREET ADDRESS	<u>;</u>) UI	5 2 NAME 5 3 STREET ADDRESS	510000177 -04/15/3601 ***600.00	020 02	7
CITY ST-ZIP TITE NAME STRELT ADDRESS		5 4 CITY- ST- ZIP ELETE 6 1 TILE 6 2 NAME 6 3 STREET ADDRESS			Change Addit.c
CHY-ST-ZIP	n supplied with this filing is vol	funtarily furnished and does not supplemental annual report is to	qualify for the exemption stated in Secure and accurate and that my signature wered to execute this report as required	tion 119 07(3)(shall have the	k), Florida Statutes. 1 e same legal effect as 07, Florida Statutes, a