COF	PROFIT PROFIT PORATION UAL REPORT	FEE AFTE	FLORIDA DEPAF Sandra E	RTMENT B. Mortha ry of Stat	OF STATE am					·
1. Corporatio	MENT # PMS	00002612 2008065 0							.*	
	e of Business SOUTHWEST 133RD LINDERONLE, FL.33	NVE 1	ng Address 1620 BUTHWE FORT LAUBER	and and	5 PD NUE PL 33380)	3. Date Incorporated or Qualified	3a. Date	of Last R	eport
2. Principal P	lace of Business 10 WO COUNTY (4)		lailing Address	אתתג	y cure o	X 2	4. FEI Number 65-0571392		\vdash	Applied For Not Applicable
Suite, Apt.			uite, Apt. #, etc.		7 0000	1	5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	9		Ity & State NURNTURA F	2_			Election Campaign Financing Trust Fund Contribution		\$5.0	O May Be
24 33 K	Country 25 USA	Zi 29	₆ 33180	30 Cou	Intry JSA:		This corporation has liability to Florida Statutes	r intangible tax	under s	199.032,
	9. Name and Address of		ed Agent		81 Name		10. Name and Address of New	Registered A	gent	
Ĺ	AWRENCE J. SPIE		TERED		82 Street A		HN S BLOM (P.O. Box Number is Not Accept	ibleh -		
	343 ALMERIA	-	201214		83	<u> 101</u>	NO COUNTRY CLUB	OKINE		
•	CORAL CABLES	>) FLORIUM	उ अ८ ४		R4 City		T-4404		at 7:	Code
11. Pursuant	to the provisions of Sections 6	07 0502 and 607 1	508 Florida Statutos	the abo	NAU NOMO O O	EVIL	ra rushanita thia atatamana fau tha a	FL	85 25	380
or register familiar wi	red agent, of both, in the State ith, and accept the obligations	of Florida. Such ch	ange was authorized	iby the c	corporation's b	rporatio	on submits this statement for the p	urpose of char	iging its ri	egistered office
		pr, occurrent con lock	05, Florida Statutes.	,	•	Doard C	or directors, i nereby accept the ap	pomiment as r	egisiered	agont. Tan
SIGNATURE	_//~>/	U	- 304W	5.0	SCUM.			4/0	1/90	6
	Signature, typed or printed name of regist	U	cable JOHU	5.0				9/0 DATE	479	<u> </u>
SIGNATURE 12.	Signatula, typed or printed name of registronic OFFICE	lered agent and title if applic ERS AND DIRECTO	cable JOHU	13.	Agent signature rec	squired wh	en renetating ADDITIONS/CHANGES TO OF	DATE FICERS AND I	479	<u> </u>
SIGNATURE	Signature, typed or printed name of regist OFFICE JOHN 9 BLDA	leved agent and title if applie ERS AND DIRECTO	Cable PAOTE CRS DELETE ANALYCE	13. 1.1 Ti	Agent signature rec	P	en renesatingi ADDITIONS/CHANGES TO OF HIN S PLUM	DATE FICERS AND I	OfRECTO Change	RS IN 12
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