	Profit Poration Jal Report		Sandra	PARTMENT OF a B. Morthan etary of State			31 19	LED 997 8:0		
1997			DIVISION OF CORPORATIONS				Secretary of State			
Corporation	n Name		033565 (9)						
WULF A	AT THE DOOR CO). (6)64 100 6 (0)8) 8006	Ö ll ö t bitt (D ö t)	
incipal Place	e of Business	······································	Mailing Address							
753 N.E. CAPITAL CIRCLE ALLAHASSEE FL 32308			P.O. BOX 15588 Tallahassee FL 32317-5588							
						3. Date Incorpor		3a. Date of Las	•	
Principal Pr	Pace of Business		2a. Mailing Address			04/28/199 4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For	
Suite, Apt #, etc			26 Suite, Apt. #, etc.				59-3314526 5. Certificate of Status Desired		\$8.75 Additional	
City & State	e		27 City & State			6. Election Cam		Fee	Required O May Be	
Ζιρ	Countr	y	28 Zip	Countr		Trust Fund Co	ntribution	Adde Adde	d to Fees	
25 9. Name and Address of		ss of Current	29 30			Florida Statute	B. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No Nome and Address of New Registered Agent			
	INICK, BRUCE A ESC).		61	1 Name	10, (danie alid Pa		Biotolion Agent		
	10 Remington Gree Lahassee FL 32308		82 Street Add		Address (P.O. Box Numb	er is Not Acceptat	ole)			
11.00				8	3	······································				
				84	4 City			FL 65 Z	ip Code	
. Pursuant t office or re	to the provisions of Sect registered agent, or both am tamil.ar with and acc	ions 607.0502 , in the State of	and 607.1508, Florida Sta f Florida, Such change w	atutes, the above as authorized to Florida Statute	ve-named by the corp	corporation submits this poration's board of directo	statement for the p rs. I hereby accep		g its registere as registered	
GNATURE	Signature, typical or proted name		and the if applicable (DIRECTORS			corporation submits this poration's board of director required when reinstation ADDITIONS/CF				
SNATURE 	Signature, ternator provided name O P MCDANIEL, MEUN	of registered agont FFICERS AND	and the if applicable (NOTE. Registered A 13. 1.1 TITLE 1.2 NAME	gant signature	required when reinstating)		Durpose of changing of the appointment	ORS IN 12	
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