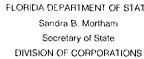
## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham



	JAL REPORT Socretary of State  1996 DIVISION OF CORPORATIONS										
DOCUN 1. Corporation	MENT #	P9500	004210	4 (6)	)						
	D THINGS INTE	RNATIONAL,	INC.								
Principal Place	of Business		Mailing Addres	s				E INDIIANI EM IDEEL DIIOLUDIIK D	JIH 2011 JAIH J	1 <b>810</b> 11331 FI	1811 85161 B181 1881
4215 SOUTHPOINT BLVD.			4215 SOUTHPOINT BLVD. SUITE 100								
JACKSONVILLE FL 32216			JACKSONVILLE FL 32216					9 Data laser souted a O effect	3a. Date	<i>a</i>	<del></del>
								3. Date Incorporated or Qualified 05/30/1995	N/A	) Last Re	эроп
2. Principal Pla 21 3249 (		T.7	2a. Mailing Add	iress				4. FEI Number			Applied For
21 3249 01d Barn Rd W. Suite, Apt. #, etc.			Suite, Apt. #, etc.					59-3317717   Not Applicable  5 Cartificate of Status Decired			
22			27					5. Certificate of Status Desired	[]		Required
City & State Ponte	Vedra Beacl	n, FL	City & State	!				<b>6.</b> Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Соиг		Zφ		Country			8. This corporation has liability for			
32082	9. Name and Add	Iress of Current	29  Registered Agent		30			Florida Statutes Yes  10. Name and Address of New F	[] No Registered A	cent	
				·	81	Name		10.		90111	
SCHNEIDER, MICHAEL N					82	Street	Address	(P.O. Box Number is Not Acceptate	ole)		
4215 SOUTHPOINT BLVD. SUITE 100											
JACKSONVILLE FL 32216					83					T	
						City			FL		o Code
11. Pursuant to or registere	o the provisions of Se ed agent, or both, in the	ctions 607,0502 a he State of Florida	nd 607.1508, Florid Such change was	da Statutes, authorized l	the above-r by the corp	named oc oration's	orporations board c	on submits this statement for the puriful directors. I hereby accept the app	rpose of char ointment as r	ging its re agistered	egistered office agent. I am
SIGNATURE:	n, and accept the coll	gations of, Section	1 607.0505, Florida	Statutes.							
	Signature, typed or printed nar			(NOTE:	Registerco Agen	t signature r	required <b>w</b> f		DATE		
12.	D/P/T	OFFICERS AND	DIRECTORS DE	LÉTÉ	13.		Ī	ADDITIONS/CHANGES TO OFF		DIRECTO Change	RS IN 12 Addition
NAME	STEINBERG,	ALAN			1.2 NAME					onang.	
STREET ADDRESS	3249 OLD BA		2000		1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	D /V/S	A BEACH FL 32	:082	0 6 1 6	1.4 CITY - S	T - ZIP				<b>Y</b> Ohana	ETT ANDRES
NAME	RESNICK, IVA	N		LEIL	2. 1 TITLE 2.2 NAME				K	<b>₹</b> Change	Addition
STREET ADDRESS	STREET ADDRESS 3249 OLD BARN ROAD W.			· · ·				South Timber Road			
CITY-ST-ZIP	PONTE VEDR	A BEACH FL 32			2.4 CITY - S	1 - ZIP	Hol	land, PA 18966			
TITLE			□ D€	LETE	3. 1 TITLE					Change	Addition
NAME STREET ADDRESS					3.2 NAME 3.3. \$1 REFT	ADDDECC					
City-St-Zip					3.4 CITY - S						
TITLE			☐ DE	LETE	4.1 TITLE	=:				Change	Addition
NAME					4 2 NAME						İ
STREET ADDRESS					43 STREET						
CITY-ST-ZIP TITLE				F1F	4.4 CITY - ST 5.1 TITLE	1 - ZIP				Change	☐ Addition
NAME			□ 51.		5 2 NAME			9000018: -05/07/96010	12602	)	
STREET ADDRESS					5 3 STREET	ADDRESS		***200.00	/COOZ	,	
CITY-ST-ZIP	777				5.4 CITY - S	I-ZiP	ļ				
TITLE			DEI	LETE	6 1 TITLE					Change	dition
NAME STREET ANNUESS					6.2 NAME	I DDD CO.				Ş	
STREET ADDRESS CITY-ST-ZIP					6 3 STREET 6 4 City-S	- 1				9	27
	r certify that the inform	nation supplied wit	h this liling is volun	tarily furnish			L dify for the curate of	ne exemption stated in Section 119	07(3)(k), Flori	da Statute	es. I further

oath; that I am an officer or director of the corporation of the true of the corporation 
SIGNATURE: \

SIGNATURE AND TYPE OF PRINTED NAME DESIGNING OFFICER OR DIRECTOR

904-285-1942