DOCUME 1. Corporation Nar HENWARD Principal Piace of E 2255 GLADES ROAC SUITE 218A BOCA RATON FL 3: 2. Principal Place of 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 9. CORPOF 1201 HA TALLAH/ 11. Pursuant to the office or registic agent. Lam far SIGNATURE SignaT 12. Titl PC	CORPORATION Business AD 33431-7383 Col Business tc. Country 25 Name and Address o PRATION SERVICE CC AYS STREET IASSEE FL 32301-25/	2255 SUIT BOC 28 27 28 27 28 27 28 27 28 27 28 27 29 29 29 29 29 29 29 29 29 29 29 29 29	Ing Address GLADES ROAD E 218A A RATON FL 33431-7 Mailing Address Suite, Apt. #, etc. Dity & State	392 Country 30 31 Name 82 Street Adg 83 84 City	3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1995 05/01/1996 4. FEI Number Applied F APPLIED FOR Not Applied 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Election Campaign Financing \$5.00 May Br Added to Fees 8. This corporation has liability for intangible tex under s. 199.03 Florida Statutes Yes 10. Name and Address of New Registered Agent Mode Address of New Registered Agent Address of New Registered Agent	or cable lai
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Signat 12. TITLE PC	K	the State of Elorida. the obligations of S	1508, Florida Statu . Such change was Section 207.0505, Fl	tes, the above-named cor	poration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as register 4-30-97	tered red
TITLE PC	ature typed or printed name re-	gistered agent and title II a CERS AND DIRECT		E: Registered Agent signature requi	Ined when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			DELETE	1.1 TITLE	Change 🗋 Ac	
	255 GLADES ROAD,	SUITE 218A		1.2 NAME 1.3 STREET ADDRESS		1034
	OCA RATON FL 3343	31-7383	DELETE	1.4 CITY - ST-ZIP		
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STREET ADDRESS City - St - Zip				6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14, I do hereby ce information ind I am an officer	ertify that the information dicated on this annual re- r or director of the corpo ock 12 or Block 13 if che	eport or supplemen oration or the receiv	ital annual report is ver or trustee empoy	ify for the exemption state true and accurate and tha vered to execute this repo	d in Section 119.07(3)(i), Florida Statutes. I further certify that the t my signature shall have the same legal effect as if made under oath rt as required by Chapter 607, Florida Statutes; and that my name	h; that