1)     28     Suite. Apt. #. etc.     59/3318432     Nor. Z       Suite. Apt. #. etc.     20     Suite. Apt. #. etc.     5. Certificate of Status Desired     Foo. Requ       City & State     Clivy & State     6. Certificate of Status Desired     Foo. Requ       2     Clivy & State     6. Certificate of Status Desired     Foo. Requ       3     Zip     Country     21     Country     8. This corporation has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion has labeling for intrangible area index of the proportion is both and	)0ai tate
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Suite Apt # der       Suite Apt # der.       5       Certificate of Status Desired       \$6.757 Apt # etc.         City & State       City & State       6       Electron Company Fibercing       \$5.00 m.         Zip       Country       9       This Corporation has itellity for neargibles winder £ 1       Added apt         Zip       Country       9       Name and Address of Current Registered Apant       \$1       Name and Address of Nor Registered Apant         NUSSELL_DXXE L       State Fibe Country       8       Street Address of Current Registered Apant       \$1         Nume and Address of Current Registered Apant       \$1       Name and Address of Current Registered Apant       \$1         NUSSELL_DXXE L       Current Registered Apant       \$1       Name and Address of Current Registered Apant       \$1         Nume and Address of Current Registered Apant       \$1       Name and Address of Current Registered Apant       \$1         Nume and Address of Current Registered Apant       \$1       Name and Address of Current Registered Apant       \$1         State Address of Current Registered Apant       \$1       Name and Address of Current Registered Apant       \$1         No of Current Registered Apant       \$2       \$1       Name and Address of Current Registered Apant       \$1         Ciff Current Substate Address of Current Registered Apant	lied For Applicable
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B. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name	99.032,
NOSSELL, UNKEL       U-QD       RAYM-AND       D1CHL.Ro.       E2       Stroct Address (P.O. Box Number is Not Acceptable)         Stroct Address FE 1 22308       C+G       E3       E4       Stroct Address (P.O. Box Number is Not Acceptable)         Function to the provisions of Soctions 607 0502 and 627 1508. Florids Statutes the above-name comportion submits this statement for the purpose of changing its report for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reaport for them induced the state of Florids. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as reaports. The state of Florids. Such changes was authoris as reaportex and thereby accept the state of Florids. Such chang	
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DELETE       3.1 TITLE       Change         Strate       32 NAME         Strate       33 SIREET ADDRESS         Strate       34 CITY-ST-ZIP         DELETE       4.1 TITLE         DELETE       5.1 TITLE         Street ADDRESS       5.4 CITY-ST-ZIP         DELETE       6.1 TITLE         Street ADDRESS       5.3 STREET ADDRESS         Street ADDRESS       5.4 CITY-ST-ZIP         DELETE       6.1 TITLE         Street ADDRESS       5.3 STREET ADDRESS         Street ADDRESS       5.3 STREET ADDRESS         Street ADDRESS       5.3 STREET ADDRESS	
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SI ZIP       44 CITY-ST-ZIP         DELETE       5.1 TITLE         DELETE       5.1 TITLE         SI ZIP       5.3 STREET ADDRESS         SI ZIP       5.4 CITY-ST-ZIP         DELETE       6.1 TITLE         DELETE       6.1 TITLE         DELETE       6.1 TITLE         Change       5.3 STREET ADDRESS         SI ZIP       5.4 CITY-ST-ZIP         DELETE       6.1 TITLE         DELETE       6.2 NAME         ET ADDRESS       6.3 STREET ADDRESS         SU ZIP       6.3 STREET ADDRESS         SU ZIP       6.4 CITY-ST-ZIP         T do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplemental annual report is true and that my signature shall have the same legal effect as if made under the same	Addition
	Addition
SI 7/P     54 CITY-ST-2/P       DELETE     6.1 TITLE       DELETE     6.1 TITLE       6.2 NAME       6.2 NAME       6.3 STREET ADDRESS       6.4 CITY-ST-2/P       T do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplemental annual report is true and that my signature shall have the same legal effect as if made under the same legal effect	Addition
6.2 NAME       ELADERESS       SU-201*       1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the same legal effect as	Addition
T do hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)()). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	Addition  Addition  Addition  Addition  Addition
Latural officer or director of the conversion or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes and that my ner	Addition
appears in Block 12 or block 13 if changed, or on an attachment with an address.	Addition  Addition  Addition  Addition  Addition  Addition  Addition