COF	PROFIT RPORATION JAL REPORT 1996	Sandra Secret	RIMENT OF STATE  B. Morthant (*)  ary of State  CORPORATIONS		
1. Corporation	Uname	00049520 (6	<b>6</b> )		
WUU	D YOU OF FORT LAUDER	idale, inc.		) 188/1880 (18 1818/1880) 84/18	
<sup>o</sup> rincipal Place	of Business	Maling Address			11 <b>- 11 - 11 - 11 - 11 - 11 - 11 - 11 </b>
	ENCE BLVD. SUITE 201 HIGHTS FL 32656	101 LAWRENCE BLVI KEYSTONE HIGHTS I			
				3. Date Incorporated or Qualified 06/26/1995	3a. Date of Last Report
2. Principal Pla	age of Bysiness  LAWNENCE DIW	2a. Mail Addir is	1118	4. FEL Number 65 - 060 7588	Applied For
Suite, Apt.		Suite, Apr. #. etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		27   C <b>/</b> √ & State		6. Election Campaign Financing	Fee Required
Reyon		28 METSTING	ME16HAS, FR	Trust Fund Contribution	S5.00 May Be Added to Fees
326	SG 25 USA	29 32656	Country A	8. This corporation has liability for i	ntang/ble tax under s. 199.032, □ No
·	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	
NEWE	I DAIN D		81 Name		
NEWELL, PAUL D 101 LAWRENCE BLVD, SUITE 201		QQ Ctennet Adda	82 Street Address (P.O. Box Number is Not Acceptable)		
101 LA	WRENCE BLVD, SUITE 201		5 Sireet Add	ress (F.O. BOX Number is Not Acceptable	(c)
	WRENCE BLVD, SUITE 201 ONE HIGHTS FL 32656		83 Street Add	ress (F.O. box number is not acceptable	G)
KEYST	ONE HIGHTS FL 32656	02 and 607,1508, Florida Statute	83 84 City	relian submits the obstances for the new	FL 85 Zip Code
KEYST  1. Pursuant L or register familiar wit	ONE HIGHTS FL 32656 In the provisions of Sections 607.050 and agent, or both, in the State of Florth, and accept the obligations of, Sections 1.	irida. Such change was authorize ction 607.0505, Florida Statutes.	83  84 City  s, the above named corporation's boat by the corporation's boat.	ration submits this statement for the purp ard of directors. Thereby accept the appo	FL 85 Zip Code pose of changing its registered office intraent as registered agent. I am
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SIGNATURE:

SIGNATURE AND AVPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR