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Principal Place	e of Business		Mailing Address			I KOOKIDON HO IDION BINK DOKKI BR	II <b>Bai</b> t <b>Baia</b> i I	DIN TOUR DING FOIL BILL 1881
1339 CROWN APOPKA FL	N ISLE CIRCLE 32712		1339 Crown ISLE C Apopka FL 32712	IRCLE				
						Date Incorporated or Qualifice     10/19/1995	3a. [	Date of Last Report
2. Principal P	lace of Business	F. 10 10 12 12 1	2a. Mailing Address			4. FEI Number 59-33 5 0 2 9 0	£,	Applied For
Strite, Apt	#, etc.	-	Suite, Apt. #, etc			5. Certificate of Status Desired	<u> </u>	\$8.75 Additional
2 City & State	e		City & State		<del></del>	6. Election Campaign Financing	, LJ	\$5.00 May Be
3		untry	Zip	Cou	intry	Trust Fund Contribution  8. This corporation has liability	• <b>-</b>	_
4	9. Name and Ad	Idress of Current Re	29 gistered Agent	[30]		Florida Statutes  10. Name and Address of New	Yes [ Registered	No No
W	ALTERHOUSE, ST		<u> </u>		81 Name			
	ALTERNOUSE, ST 139 CROWN ISLE				82 Street Ad	ddress (P.O. Box Number is Not Accep	table)	
AF	POPKA FL 32712				83			
AF	POPKA FL 32712							12-11-2 - 60-10
					84 City		F	
<b>11.</b> Pursuant office or re	to the provisions of S egistered arrent, or b	Sections 607.0502 and	lorida. Such change wa	tutes, the ab	84 City	orporation submits this statement for th ration's board of directors. I hereby acc	o purpose o	changing its registered
11. Pursuant office or ri agent I a	to the provisions of S egistered arrent, or b	Sections 607.0502 and	d 607. 1508. Florida Stal orida. Such change wa s of, Section 607.0505,	tutes, the ab	84 City	orporation submits this statement for the ation's board of directors. I hereby acc	o purpose o	changing its registered
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SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 407-880-4542