Ę۱	E NOW: FILING FE	AFTER MAY 1 I	S \$225.00		
→ CC	PROFIT RPORATION UAL REPORT 1996	FLORIDA DEPA Saridra Secrete	RTMENT OF STATE B. Mortham ry of State CORPORATIONS		
DOCU	MENT # P95 0	00087675 (1)		
 Corporation 		· ·	• ,		
OAL	DULEDROOK OF TEXAS, IN	U. 4	3		
Principal Plac	e of Business	Mailing Address			#### 8### ############################
	13 RTH MONROE STREET ISSEE FL 32303	SUITE 203 2111 NORTH MONRO TALLAHASSEE FL 32		Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business	2a. Maling Andress		11/15/1995 4. FEI Number	
21		26		59-3352118	Applied For Not Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Zip	Country	28	T	Trust Fund Contribution	Added to Fees
24	25	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes	rintangible tax under si 199.032, si □ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agent
MOT	TIÇE, H. JAY		81 Nan e		
	E 203		82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
	NORTH MONROE STREET		83		
TALL	AHASSEE FL 32303		84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1506, Florida Statute	s, the above named corpor	ation submits this statement for the ni	pose of changing its registered office pointment as registered agent. I am
 or registe familiar w 	ered agent, or both, in the State of Flo vitn, and accept the obligations of, Sec	řdn. Such change was authorize ction 607.0505, Florida Statutes	d by the corporation's tipa	rd of directors. I hereby accept the app	pointment as registered agent. I am
SIGNATURE	Significal Special parties from earling steepings	arkan bulah di 11 ata	C. Begistered Agel Tsylvation heaving		
12.	OFFICERS AT	ND DIRECTORS	13.		ICERS AND DIRECTORS IN 12
TITLE	D MOTTICE, H.JAY	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	SUITE 203,2111 NORTH N	MONROE STREET	1.2 NAME 1.3 STREET ADORES 3		
CITY-ST ZIP	TALLAHASSEE FL 32303		1.4 CHY-S1-ZIP		
TITLE	D MOTTOS JOURN D	[] DELETE	2 1 HH(F		Change Addition
NAME STREET ADDRESS	MOTTICE, JOHN P SUITE 203,2111 NORTH N	JONEOE STREET	2.2 NAME		
CITY-ST-ZIP	TALLAHASSEE FL 32303	MONTIOL STREET	2.3 STREET ADORESS 2.4 CITY ST-ZIP		
TITLE		□ DELETE	3 1 701, 8		Change Addition
NAME Croset Appasses			3.2 NAME	40000170	Stroa
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CHY+S1+ZIP	4000017 9 -04/26/96010)13039
TITLE		DELETE	4 1 TITLE	***400.00	☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY S1-ZIP 5.1 TITLE	* * * * * * * * * * * * * * * * * * * *	Change Addition
NAME			5 2 NAME		Change Li Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZP		Desirie	5 4 CITY - ST - ZIF		
NAME		☐ DELETE.	6 1 111 _E F		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		diffe.
CITY-ST-2 P			6.4 CIFY - \$1. ZIP		5-1-26
oath; that	il the information indicated on this and	lus report or supplemental annu: oration or the receiver or trustee:	Vireport is true and accurat empowered to execute this	or the exemption stated in Section 119 terand that my signature shall have the sireport as required by Chapter 607, Fi	Course local affect on it mends control

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)386-2117

CR2E034 (12/95)