DOCUI	MENT	FORM BUS # P9600 OMPANY - NORTH		ORT	(UBI	R)			LED 01 08:00 AM ry of State		
Principal Place 101 E. KENNEI SUITE 2420 TAMNPA 33602		S FL	Mailing Address 101 E. KENNEDY BLVD. SUITE 2420 TAMNPA 33602		FL						
2. Principal Pi	lace of Busin	ness	3. Mailing Address 101 E. KENNEDY BLVD.	-	,						-
Suite, Apt. SUITE 2420			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	9	FL	City & State	FL		 FEI Number 52-1473971]		——————————————————————————————————————	oplied For ot Applicable	
Zip 33602		Country	Zip 33602	33602			5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Address of Currer	nt Registered Agent	ar -	Name		7. Name and Add	ress of New	Registered	Agent	
FRASER 101 EAST K SUITE 2420				ddress (P.0	D. Box Number is t	Not Acceptabl	le)	. <u> </u>			
TAMPA 33602		US	FL	City					FI	Zip Cod	е
Tax filing re	_	ible to satisfy its Intangib and elects to do so.	After MAY 1, 2	001 Fee	will be \$5	550.00		n Campaign Fi and Contribution	~ .	\$ 5.0 Added	0 May Be i to Fees
11.		OFFICERS AN	D DIRECTORS	12.			ADDITIONS/CHA	NGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRANER 101 E. KE TAMNPA	NNEDY BLVD.	☐ Delete FL 33602			VS KRAME 101 E. K TAMPA	ENNEDY BLVD. #	R 2420	FL		☐ Addition
TITLE NAME STREET ADDRESS		NNEDY BLVD.	Delete	, TITLE NAMI STRE	ET ADDRESS		ENNEDY BLVD. #	T 2420		™ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MCCORI 101 E. KE		FL 33602	TITLE	TITLE P NAME FRAS STREET ADDRESS 101 E			M 2420	FL	33602 X Change	☐ Addition
CITY-ST-ZIP	TAMPA		FL 33602	_	-ST-ZIP	TAMPA			FL	33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					-	☐ Change	Addition
13. I hereby c indicated of the corr	orration or t	n or supplemental report he receiver or trustee em	th this filing does not qualify f is true and accurate and that powered to execute this repo, with all other like empowere	or the exer	mption stat	ava tha co	me jenal attact se	if mada undar	onthe that I	am an officer	or director

07/17/2001

Daytime Phone #

Date

SIGNATURE: __JOHN R. KRAMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR