t	TILE NUW: FI	LING FEE	ALIEK	MAT 119	<b>4000.00</b>	APPROVED
^^	PROFIT				RTMENT OF STATE	AND THE
	RPORATION IUAL REPORT				B. Mortham, ary of State	PHALO
7 (14) 4	1997		S. S		CORPORATIONS	97 JUL 23 PM 1:13
DO0!		DOLKN	1/1/	K311		
	JMENT # ion Name	17000C	יסטע	777		SECRETARY OF STATE TALLAHASSEE, FLORIDA
	16 MAN	Ent	er to	uinne	int To	TALLAHASSEE, FLOHIUA
		•			'اا⊸اس	
Principal Pla	ice of Business		Mailing	g Address		
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	120101	ada	$\mathcal{I}^{(1)}$	,,,,,,		
	DICION	140	<b>)</b> [1	orida	tve . 3280.	3. Date Incorporated or Qualified 3a. Date of Last Report 29th Say Jun. 1185 (1/8/96
2. Principal	Place of Business		2a. Ma	iling Address		4. FEI Number Applied For
	· Magnolia	NVC		1008 Co	n don de	
22	.~		27	- Holits	el	5. Certificate of Status Desired Security \$8.75 Additional Fee Required
City & Sta	ando, F	= 1	28 (S)	y & State	TI	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Cou	intry	Zip	Slando,	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 328	· · · · · · · · · · · · · · · · · · ·	1 S	, <del>_</del>	1 4 4 5 5 5 T	30 48	Florida Statutes Yes No  10. Name and Address of New Registered Agent
<del></del>	9. Name and Ad	gress of Curren	t Hegistere	C Agent	81 Name	
					82 Street	Address (P.O. Box Number is Not Acceptable)
					<u>500</u>	28 London derry dT.
					83	
					84 City	ando FL 85 Zip Coge 32 808
11. Pursuant	t to the provisions of S	ections 607,050	2 and 607.15	508, Florida Statu	tes, the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I	am (amiliar with) and a	ccept the oblin	ations of, Sec	ction 607.0505, FI	lorida Statutes.	5/c/07
SIGNATURE	Signature typed or printed in	name of registered age	rit frid title if app	blicable (NO	If . Registered Agent signature	
12.		WALL A		RS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DACCOCK SR Change F Addition
TITLE NAME	Wist AM			CA OLLETE	1.1 TITLE 1.2 NAME	1 DARTON Spericer SK KI UNINGS IT ADDITION
STREET ADDRESS	1	'ا∕يلا	•		1.3 STREET AUDRESS	DATION Spencer SR Dichange Fraddition 5008 London derry CA ORlandor FL 32808
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	1					10 /110
NAME					6.2 NAME	11 1 (1 M) 1/2 2 VA' L
NAME STREET ADDRESS					6.2 NAME 6.3 STREET ADDRESS	W 3/23/97
STREET ADDRESS CITY-ST-ZIP		rmation supplies	with the 66	ing does not oval	6.3 STREET ADDRESS 6.4 City-St-2ip	tated in Section 119 07(3)(i) Florida Statutas - Turbus positiv that the
STREET ADDRESS CITY-ST-ZIP 14. I do here informatie	eby certify that the info	noual report or si	upplemental	Lannual report is t	63 STREET ADDRESS 64 CITY-ST-ZIP (by for the exemption strue and accurate and	tated in Section 119.07(3)(i), Florida Statutes. Further certify that the that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 607. Florida Statutes, and that my pame
STREET ADDRESS CITY-ST-ZiP 14. I do here informatie I am an c	eby certify that the info	nnual report or si e corporation or	upplemental the receiver	l annual report is t r or trustee empov	63 STREET ADDRESS 64 CITY-ST-ZIP (y for the exemption strue and accurate and vered to execute this r	that my signature shall have the same logal effect as if made under oath; that eport as required by Chapter 607, Florida Statutes; and that my name
STREET ADDRESS CITY-ST-ZIP 14. I do here informatic I am an c	eby certify that the info on indicated on this ar- officer or director of the in Block 12 or Block	nnual report or si e corporation or	upplemental the receiver	l annual report is t r or trustee empov	64 City-St-2iP  19 for the exemption strue and accurate and vered to execute this redress.	that my signature shall have the same legal effect as if made under path; that

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