	FOR PROFIT C	ORPORATIO	N (URR)		
	MENT # P96000		(ODIN)		
BRUCE G. KANFMANN, J.D., P.A.					
BRU	LCE G, MAUFMAN	<i>w</i> , 0 (2)		04 JAN 23 AM 9: 25	
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[DO NOT WRITE	IN THIS SPA	ACE	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Pl	lace of Business PARK BLVD, N.	3. Mailing Address	BUD, N.		
Suite, Apt.		Suite, Apt. #, etc.	IJCV D)	DO NOT WRITE IN THIS SPACE	
City & State		City & State Seminole, F			Applied For Not Applicabl
Zip 337	Country		Pinellas	5. Certificate of Status Desired See Requ	
		<u> </u>		7. Name and Address of Current Registered Agent	~ ~
	DO NOT W	DITE		ICE G. KAUFMANN, J.D., 1	P.A
	DO NOT WI		Street Address	P.O. Box Number is Not Acceptable ARD, NoR?	TH .
	IN THIS SP	ACE			
			City Sem	nole FL Zip C	ode 3 ファフ
IGNATURE _	named entity submits this statement for signature, typed or printed name of registered agent as		gistered office or register	red agent, or both, in the State of Florida.	
GIGNATURE	Signature, typed or printed name of registered agent as praction is eligible to satisfy its Intangible equirement and elects to do so.	nd title if applicable. (NOTE: F January 1 - May After May 1,	legistered Agent signature require / 1 Fee is \$150.00 Fee is \$550.00	1 when reinstating) DATE 10. Election Campaign Financing \$5	5. 00 May Be
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. Ø1−23−2004 Date

SIGNATURE:

1578-058(757)